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NOVEMBER, 1915

No. 1

The State Hospital Quarterly

PUBLISHED BY THE

New York State Hospital Commission

ANDREW D. MORGAN,

JAMES V. MAY, M. D.

Commissioners

Serial

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index

UTICA, N. Y.

STATE HOSPITALS PRESS

NEW YORK STATE HOSPITAL COMMISSION

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The State Hospital Quarterly

Published by the

NEW YORK STATE HOSPITAL COMMISSION

IN THE INTERESTS OF THE

New York State Hospitals for the Insane

HORATIO M. POLLOCK, Ph. D., Editor, . . . Albany, N. Y.

Vol 1

NOVEMBER 15, 1915

No. 1

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THE STATE HOSPITAL QUARTERLY

ANNOUNCEMENT

For several years past the State Hospital Commission has issued a quarterly magazine known as the *State Hospital Bulletin*. This periodical served the double purpose of giving to the managers and staffs of the several State hospitals important information concerning the administration of the hospital service, and of publishing for the benefit of physicians and psychiatrists generally, results of the scientific researches made in the State hospitals and Psychiatric Institute.

The Commission believes that the time has come to separate these two functions and has decided to issue two publications; one, the STATE HOSPITAL QUARTERLY, of which this is the initial number, and the other, *The Psychiatric Bulletin*, which will be prepared at the Psychiatric Institute.

The STATE HOSPITAL QUARTERLY is to be a service journal and will publish the minutes of the quarterly conferences of the Commission with the managers and superintendents of the State hospitals, statistical data relating to the insane, news of the service, announcements of the Commission, and such other matters as the Commission may deem appropriate.

The Psychiatric Bulletin is to be issued in January, April, July and October of each year and will be a scientific journal devoted exclusively to the advancement of psychiatry and the psychiatric work of the State hospitals.

DEATH OF COMMISSIONER FRIDAY

Honorable William H. Friday, State Hospital Commissioner, died very suddenly at his home, 456 McDonough Street, Brooklyn, N. Y., early on the morning of November 4, 1915, following an attack of acute indigestion.

Commissioner Friday was appointed to the State Hospital Commission by Governor Whitman April 24, 1915.

In company with the other commissioners he had visited and inspected the Long Island State Hospital, Brooklyn, on November 3. He left in the evening for his home planning to join the Commission in the morning and proceed to Kings Park State Hospital on Long Island.

Commissioner Friday was a lifelong resident of the State and for twenty years had manifested a warm interest in the care of the insane, familiarizing himself with the needs of the hospitals and the administration of hospital affairs.

In early life he spent several years in newspaper work with New York and Brooklyn papers. During the last few years he had been engaged in a successful real estate business in Brooklyn.

In 1893, Mr. Friday was elected to the legislature and was a member of the Assembly from the old sixteenth district of Kings. He was re-elected in 1894. He introduced and had passed the annexation bills which brought Coney Island and all the county towns into the city of Brooklyn, and which brought him into great prominence. Since that time Coney Island has taken its place, not only as the greatest summer resort on the Atlantic Coast, but as one of the most important sections of the Borough of Brooklyn. After this legislation had been successful, he interested himself in the scheme of consolidating the various boroughs into the Greater City of New York, and worked early and late for the success of the measure, which was finally enacted into law.

Mr. Friday had also to his credit during his legislative term the transfer to the State of the care of the insane of Kings County.

Commissioner Friday was a forceful speaker and his ser-

vices were constantly in demand by political and various other organizations. He was also prominent in fraternal circles, having been a Past Grand Master of the State of New York of the Independent Order of Odd Fellows, a Past District Deputy of Masons of the Second Masonic District, and a Past Exalted Ruler of Brooklyn Lodge of Elks, of which he was a life member. He was also an old National Guardsman, having been a member of the Thirteenth Regiment Veteran Association and its Second Vice-President at the time of his death, and was an active member of many other organizations. He was a member of the Janes M. E. Church of Brooklyn, where he always took an active interest in church work, and at the time of his death was a member of the official board of that church.

Commissioner Friday is survived by his widow and two grown sons, one an evangelist now completing his studies at the Crozer Theological Seminary at Chester, Pa.

MINUTES OF QUARTERLY CONFERENCE

MAY 19, 1915.

Minutes of Quarterly Conference of the State Hospital Commission with the managers and superintendents of the State hospitals, held at the Capitol in Albany, May 19, 1915.

Present—

Commissioners MORGAN, MAY and FRIDAY.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent.

Hudson River State Hospital, CHARLES W. PILGRIM, M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent.

Kings Park State Hospital, WM. AUSTIN MACY, M. D., Medical Superintendent.

Long Island State Hospital, ELBERT M. SOMERS, M. D., Medical Superintendent.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. SMITH, M. D., Medical Superintendent.

Central Islip State Hospital, MARCUS B. HEYMAN, M. D., Assistant Superintendent.

Mohansic State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

WALTER G. RYON, M. D., Medical Inspector for the State Hospital Commission.

MICHAEL OSNATO, M. D., Medical Deputy in Charge of the Bureau of Deportation.

Mr. FRED J. MANRO, Manager, Willard State Hospital.

Mrs. A. D. MILLS, Manager, Binghamton State Hospital.

Mr. JAMES E. KELLY, Manager, St. Lawrence State Hospital.

Dr. R. LEIGHTON LEAK, Manager, St. Lawrence State Hospital.

Mr. PETER W. NEEFUS, Manager, Gowanda State Homeopathic Hospital.

Mr. ANDREW J. SHIPMAN, and Dr. WILLIAM D. GRANGER, Managers, Mohansic State Hospital.

Mr. CHARLES E. TEALE, Very Rev. JOHN C. YORK, and Mr. ALEXANDER MCKINNY, Managers, Kings Park State Hospital.

Mr. HENRY R. CHITTICK, Manager, Long Island State Hospital.

Mr. HARRY C. HART, Manager, Central Islip State Hospital.

Mr. CHARLES A. MOSHER, Steward, Utica State Hospital.

Mr. CHARLES S. PITCHER, Stewart, Kings Park State Hospital.

Mr. GEORGE P. WATSON, Steward, Manhattan State Hospital.

Hon. WILLIAM L. PARKHURST, former Commissioner in Lunacy, Canandaigua, N. Y.

The CHAIRMAN: The second quarterly conference of this year meets at a time of unusual interest, not only for people of the State,—for the reason that it is at a time when a Constitutional Convention is being held—but of especial concern to those who are interested in such a large Department as the State Hospital Commission, for questions concerning this Department are very apt to come before the Constitutional Convention, and you will all of course be greatly interested in seeing that the welfare of the Department is not adversely affected. That matter will come up for discussion to-day, although it is not the first subject on the program. The first is a report of committees. Is the Committee on Standardization prepared to make a report?

Dr. HUTCHINGS: At the last conference the Committee on Standardization had its report prepared and the conference discussed portions of it and disposed of them. These were matters which had been brought to the attention of the members as likely to create some discussion, and the remainder of the report, on motion of Dr. Harris, was held over to this meeting in order that the members might have an opportunity to study it more carefully, and each superintendent at the last conference was given a complete copy of this report; there is nothing further that the Committee

on Standardization has to offer in regard to it. It is as good as we can do at the present time although we are willing to concede that it is not perfect and will have to be perfected from time to time from the experience of members in its operation, but the committee feels that it has done as well as it can under the circumstances and I move the adoption of the report.

Dr. Hutchings' motion was duly seconded.

The CHAIRMAN: The motion is made and seconded that the report of the committee be adopted; are there any remarks?

Dr. MABON: Mr. Chairman—I think the committee has worked well, but I take it that this report does not carry weight or the obligation of the Commission to accept it in all its details. In getting up a list of furniture and furnishings for the new nurses' home, I found if we followed that report, even with the money set aside by the Legislature but not yet approved by the Governor, we would not have money to furnish the building. I think, therefore, the matter should be very carefully considered by the Commission.

The CHAIRMAN: Are there any other remarks to be made on this motion?

Dr. Hutchings' motion was duly adopted by the Conference.

Is the Committee on Forms and Methods of Accounting prepared to report?

Dr. MABON: The committee can report that a list of all the forms which have been adopted by the committee has been sent to each hospital superintendent. Mr. Mosher, the secretary of the committee, expects soon to have copies made of all these forms to be submitted to the hospital superintendents. I may say that the number of forms has been reduced very materially from over 1200 to between 500 and 600 at the present time. The committee would therefore report progress and ask to be continued.

The CHAIRMAN: Are there any other committees to report to-day?

Dr. WAGNER: While not a committee report, I would

like to ask if it would be in order to call attention to the fact that at an examination held some months ago for principal of training school in hospitals for the insane only four candidates appeared. These four passed the examination. One of them is now in Europe, two of them have been appointed, leaving but a single one on the list whereas there are at least two hospitals without superintendents or principals of training schools. I was talking with the Civil Service Commission this morning and the chief examiner expressed the opinion that the conditions are too severe, that they are unable to get candidates without some modification of the conditions that determine eligibility to take the examination. I believe now any nurse who desires to take this examination must be a graduate of a high school or have equivalent education, must be 28 years of age, a registered nurse and be a graduate either of a State hospital training school, with nine months' experience in a general hospital, or a graduate of a general hospital with nine months experience in a State hospital, and must have had experience of an executive character in the operation of a training school. Now all that seems to be rather difficult to find in one individual. Chief Examiner Saxton expresses the opinion that the hospitals ought to modify the requirements somewhat, and if it is proper to discuss it at the present time in view of the urgent necessity that stares us in the face for more candidates I should like to bring the subject up.

Commissioner MAY: I think that is a very good question to discuss. However, we have nothing to do with the qualifications except to insist that they should require experience in a State hospital and the nine months period of work in a general hospital. All the rest of that was arranged by the Civil Service Commission; these requirements were theirs. We certainly, I think, ought to insist on the candidates having experience in State hospitals for the insane.

Dr. HOWARD: The candidates who pass this examination need never have been in a State hospital. Experience at a sanitarium caring for uncommitted cases sufficed.

"The requirement has to be worded differently than now and say "having had State hospital training."

Dr. MABON: Does it mention State hospital? I think it should be "nine months experience in the care and treatment of the insane."

Dr. HOWARD: The experience required was not in the care of committed insane, but could be had in an institution caring for nervous diseases.

Dr. WAGNER: I can read the exact requirements which are substantially as stated by me. (Reads) Mr. Saxton seems to be willing that some modification be made on these requirements and stated that it was on account of the opposition of the State Hospital Commission that they were rigidly living up to them at the present time.

Dr. PILGRIM: I think there are only three things we ought to insist upon. The preliminary requirements should be waived. We ought to insist upon a good common school education and experience of at least nine months in a State hospital for the insane and experience in a general hospital. I think the preliminary requirements of a high school education is what shuts most of them out; what we should insist upon is a general common school education only.

Commissioner MAY: I move that the matter be referred to the Committee on Training Schools.

Dr. MABON: The matter should be referred to the conference. It is one of the most important questions before it. I think there should be some modification. Dr. Pilgrim and I don't agree.

Dr. HUTCHINGS: I think it would be very unfortunate to adopt any requirements which do not coincide with the views of the State Board of Regents. One of the things which should be insisted upon is that the candidates should be registered nurses in this State. I should be unwilling to agree to any proposition which admitted others than registered nurses; it would lower the standard of our schools and the moral effect of it would be bad.

Commissioner MAY: Could not that committee make some suggestion to the conference before we adjourn this afternoon?

Dr. PILGRIM: Would not the qualification I suggested be required of a registered nurse?

Dr. HUTCHINGS: A registered nurse requires only one year in high school.

Dr. PILGRIM: Very few girls going through high school are willing to begin as attendants. One year of high school and a common school education, I think, should be sufficient.

Dr. MABON: I move the matter be referred to the Committee on Training Schools with a request that they report this afternoon.

Commissioner MAY: I will accept that.

Dr. Mabon's motion was duly seconded.

The CHAIRMAN: The motion before the conference is that this subject be referred to the Committee on Training Schools with a request that they make recommendations and report this afternoon. Are there any further remarks?

Dr. MABON'S motion was duly adopted by the conference.

If there are no further committees to report we will take up the second number on the program,—recent legislation relating to the State hospital service.

Commissioner MAY: Perhaps one of the most important bills which passed the Legislature at this session and became a law is that which amends Section 50 of the Insanity Law in relation to the wages of employees of the State hospitals. This section, as you know, fixes the rate of wages. The amendment is as follows: "The provisions of this section with respect to the rate of wages to be paid employees in all positions named in the foregoing schedules shall supersede the provisions of any other general or special law."

You are probably all familiar with the reason for the passage of that amendment. The question was raised that mechanics and certain other parties classed as mechanics should be entitled to the prevailing rate of wages in the section where they were employed. It would mean a very large increase in expenditures of the hospitals if they were obliged to pay that prevailing rate of wages. One question coming up from the metropolitan district was submitted to

the Attorney-General's office and he ruled that it would be necessary to pay the prevailing rate of wages, leaving it however as an administrative question for the Commission to decide whether or not board, lodging, laundry, medical attendance, etc., should be considered as of sufficient value to make up the difference. As one attorney was pressing the case with the Commission it was deemed better to settle the question as far as possible, by having Section 50 amended, and the Attorney General's office prepared the amendment. The bill was introduced and passed. On page 2 there is another small change in the law. The old law read: "When employees are allowed to board and lodge away from the hospital a uniform rate of not less than sixteen dollars per month shall be allowed in addition to the regular monthly wages, and this amount shall be apportioned at the rate of four dollars per month for each meal and four dollars per month for lodging." The amendment adds these words: "On account of lack of accommodations in the institution." The bill as amended now reads:

"When employees are allowed to board and lodge away from the hospital *on account of lack of accommodations in the institution* a uniform rate of not less than sixteen dollars per month shall be allowed in addition to the regular monthly wages, and this amount shall be apportioned at the rate of four dollars per month for each meal and four dollars per month for lodging."

Dr. WAGNER: That leaves it discretionary with the hospital management, on approval of the Commission, to determine the reason why they are allowed to remain away, so that if persons are allowed to room and live away from the hospital, notwithstanding the fact that there are accommodations in the hospitals, it is not obligatory or mandatory that they should receive this compensation.

The CHAIRMAN: Our understanding is just as you have stated it; that we are not obliged to allow commutation in cases where they are permitted to live outside the hospital, at their own request, although there may be accommodations in the hospital for them.

Dr. PILGRIM: I am not quite clear in regard to the first amendment. What is the status now of that section, the first amendment you read?

Commissioner MAY: In re-enacts the Insanity Law which takes precedence over Section 3 of the Labor Law regarding hospitals and the prevailing rate of wages.

Dr. MABON: Are we still likely to have a suit for back pay for those mechanics from the date of the change made in the Labor Law until this becomes a law?

Commissioner MAY: I do not think we ought to settle that until the Attorney General has expressed an opinion. It is possible that such suits will be brought, but the Attorney General will conduct them for the Department.

Commissioner MAY: Senate Bill No. 1807 amends the law pertaining to officers in State hospitals. This amends Section 48 and authorizes the maintenance of the families of assistant stewards in hospitals having more than 4,000 patients.

In connection with that it might be well to say that the Attorney General has ruled that these sections of the law refer to the daily population, excluding paroles. He has given that opinion on several occasions.

Senate Bill 1973 amends the Insanity Law regarding patients' money. This amends Section 98, and reads as follows:

Section 1. Section ninety-eight of chapter thirty-two of the laws of nineteen hundred and nine, entitled "An act in relation to the insane, constituting chapter twenty-seven of the consolidated laws," is hereby amended to read as follows:

Section 98. Disposition of unclaimed personal property, including money, of discharged or deceased patients, and of interest accruing on patients' funds. All articles of personal property, belonging to a discharged or deceased patient of a state hospital for the insane and in the custody of the superintendent or other proper officer of such hospital, may, if unclaimed by such discharged patient, or the legal representatives of such deceased patient, for a period of six months after the discharge or decease of such patient, be disposed of in such manner as the commission shall prescribe. Any moneys remaining to the credit of deceased or discharged patients, if unclaimed by their legal representatives, or such discharged patient, for a period of one year after the decease or discharge of such patient, and the interest

accruing on the moneys belonging to patients still in the custody of the hospital may, subject to the approval of the commission, be paid into the amusement fund or the occupation fund of such hospital.

Section 2. This act shall take effect immediately.

This allows us to use the interest on patients' funds which the Attorney General ruled could not be done, legally, under the old law.

Commissioner MAY: The Commission may authorize the superintendent to appoint as officers, a dentist, pharmacist, and the principal of the training school, under the provisions of Assembly Bill No. 2138.

Dr. WAGNER: I would like to ask, Mr. Chairman, if that law does anything more than confer upon the Commission the power to authorize a superintendent to appoint an apothecary as an officer, leaving it discretionary with the superintendent to make such appointment or designation if he sees fit. As I understand the bill, it merely confers authority upon the superintendent, through the Commission, to make such an appointment if he sees fit, but it is not mandatory.

The CHAIRMAN: That is correct.

Commissioner MAY: In addition to what Dr. Wagner stated, pharmacists may elect to remain as employees.

Dr. MABON: It is discretionary with the Commission to say whether or not they are officers.

Dr. HOWARD: In regard to training schools, I move that this conference request the Commission to designate the principals of training schools as officers and state to us the salary that is allotted to that position. In appointing new principals, it is very important that we do it right.

The CHAIRMAN: Is that motion seconded?

Dr. HOWARD: It has not been seconded. I move that the Commission be requested by this conference to classify principals of training schools as employees, the estimate for their wages being submitted in Estimate No. 2.

The CHAIRMAN: In what grades or classes?

Dr. HOWARD: I want to get it settled whether they are officers or employees.

Dr. WAGNER: Has not the Attorney General ruled who

are officers and who are employees, and that principals of training schools are in the class of employees and therefore contribute to the retirement fund?

Dr. MABON: I move that the Commission receive from each hospital an opinion as to whether or not they desire to have the principal of training school designated as an officer.

Dr. Mabon's motion was duly seconded.

The CHAIRMAN: The motion is made and seconded that the Commission ask each superintendent to state whether he desires to have the principal of the training school at his institution classified as an officer or an employee, after having conferred with this employee who may have contributed to the Retirement Fund.

Dr. SOMERS: I would like to be clear regarding one point; in talking with the principal of the training school, what shall we say as to her status in relation to the money paid into the Retirement Fund?

Dr. MABON: I take it if she wants to become an officer she will be willing to become an officer and lose the money.

The CHAIRMAN: Perhaps some one who thoroughly understands the advantages to be gained by persons classified as officers will explain.

Dr. PALMER: One of the things that I think will be considered an advantage by the principal of the training school and also by the apothecary, who comes under this law, is that they would at once be entitled to the accommodations accorded officers in the hospitals. One superintendent has already spoken to me in regard to the matter and asked, "What will you do with your principal of training school and apothecary as they are now officers?" It may be somewhat difficult to provide the accommodations required. There is no doubt that the apothecaries and superintendents of training schools who are not now supplied with officers' quarters, will look upon them as an advantage. As regards the money paid into the Retirement Fund, if they haven't been a great length of time in the service, the amount they lose will be very small as compared with the advantages they gain.

Dr. MABON: I beg to say this does not say *resident officers*; it says *officers*. Furthermore, it seems to me it is entirely in the discretion of the superintendent as to whether or not he will provide those accommodations. We have no better accommodations and they would have to take the accommodations we have. I know of some officers living in wards.

Dr. PALMER: The law states officers shall reside in the institution.

Dr. MABON: Yes; resident officers.

Dr. PILGRIM: That varies with institutions. At Poughkeepsie the principal of the training school and some of the physicians live in the nurses' house because, no matter how they are classed, we can not give them better accommodations.

Dr. HOWARD: I think the great point is where they eat, whether they eat at the officers' table. They care a great deal about it. I think the principal of the training school ought to eat at the officers' table and be classed as an officer, because she can do much better work in the training school for the pupil nurses if she is so recognized.

Dr. ASHLEY: I agree with some of the others that it would be desirable to have the principals of training schools rank as officers. I know of one instance where a principal of a training school has contributed to the employees' Retirement Fund and has been in the service fifteen years. In ten years this person will be eligible to retire under the existing statute on half salary and half maintenance. It would be a hardship to her to deprive her of that privilege. In the case of a new appointee to this position, it would appear to be to her advantage if she could be classed as an officer, and I would suggest that the matter be left to the individual institutions, to be worked out as advantageously as possible.

Commissioner MAY: I would like to ask Dr. Ashley if he thinks it would be wise to designate principals of training schools in some institutions as officers and in others as employees.

Dr. ASHLEY: I do not think it would as a general proposition, but it would seem desirable, perhaps for the present,

to permit principals of training schools who are now in the service and desire to remain as employees to do so. Those who do not may be permitted to rank as officers; but all new individuals appointed to the position to be considered as officers.

Dr. PILGRIM: It seems to me this whole thing could be settled by having officers contribute to the Retirement Fund.

Dr. MABON: The whole matter is in the hands of the Commission.

Dr. HUTCHINGS: With reference to Dr. Ashley's suggestion, why would it not be possible for the Commission to arrange it so that hereafter all new principals of training schools shall be appointed as officers and those now in the service who so elect may be designated as officers, but those who prefer to remain as employees need not be disturbed. But of the two alternatives I think it is far better that they all be designated as officers than as employees, for the reasons stated by Dr. Howard.

The CHAIRMAN: If there are no further remarks I will call for a vote on Dr. Mabon's motion.

The motion was duly adopted by the Conference.

Next on the program is a discussion on supervision of institutions for the insane in the State of New York.

Dr. MABON: Are we to have a meeting this afternoon? If so, I ask that this paper be read this afternoon. I must be away, and if it could be put over until this afternoon I should prefer it as I am very much interested.

Commissioner MAY: The only point is, that it may require a great deal of discussion and may take up the larger part of the day. It is so late, however, it could very well be postponed until afternoon.

The CHAIRMAN: We will then pass over this order, and take up the report by Dr. H. M. Pollock on the State hospitals' exhibit at the Panama-Pacific Exposition.

(Dr. Pollock's report was printed in the May number of the STATE HOSPITAL BULLETIN.)

The CHAIRMAN: We will now have a paper by Mr. William J. Nolan, assistant statistician, on "Statistical Studies of the Insane for the Year ending September 30, 1914."

STATISTICAL STUDIES OF THE INSANE FOR THE FISCAL YEAR 1914.

BY WILLIAM J. NOLAN, A. M.,
Assistant Statistician.

In the past two months I have been frequently called upon by the Commission and others for certain very specific and definite statistics relating to the insane. By searching for answers to these inquiries which covered a period of ten or more years, I have learned that the State Hospital Commission has gradually increased the efficiency of its statistical work; that the statistical department, especially in the last few years has made great progress both in definiteness of classification and discrimination of material.

Prior to 1908 there was no distinction made between first admissions and readmissions neither was there a definite or adequate classification of patients according to psychoses nor a complete record of paroled patients; nor any definite information concerning the citizenship or race of patients in our State hospitals.

Improvements in classification and new discriminations have been gradually introduced until now the State of New York ranks first among the States in the accumulation and compilation of data concerning the insane.

Owing to recent movements toward the prohibition of the sale of alcoholic liquors and toward the prevention of diseases there has been a great demand for the collection and interpretation of statistical material relating to social problems of every description.

In the past six years the Commission has gathered together in the form of statistical cards a vast amount of valuable material which when tabulated will enable us to answer many important questions relating to causes and results of various mental diseases.

During the sessions of the legislature, there are frequent requests for data from which to shape financial policies. Sociologists and scientists are seeking definite information

and the Commission calls for data to answer perplexing questions, or for the purpose of achieving more efficiency in administration.

The data accumulated must be intelligently and accurately tabulated so that it is available for use. This is the work of the statistician, but it must not be forgotten that the value of the statistician's work depends upon the reliability of the original data with which he deals.

Since this material is so important to the State in shaping its financial policies, so necessary in dealing with sociological problems and so important in determining a method of procedure for the prevention of insanity and after-care of the insane, it is essential that each superintendent impress upon each person having a part in securing the various data, the importance of accurate, conscientious answers to every item. If there are unimportant items, they should be eliminated from the card.

We realize that it requires great tact, skill, patience and perseverance to secure the facts called for on the statistical cards, but with increased experience and facilities there should be more exact diagnosis of patients, more careful discrimination in marking cards and unascertained items should gradually diminish.

Owing to the introduction of the revised statistical cards in 1913, we have been able to tabulate some new and very interesting data for the fiscal year 1914. The additional tables relate to race, economic condition, and citizenship. In addition we have the new form of card for the alcoholic psychoses. Great credit is due the hospitals for the vast amount of attention and labor given to secure the information called for on this card. By accumulating these cards and by special studies that are being made, New York will soon have the largest fund of information concerning alcoholic insanity obtainable in the world.

ECONOMIC CONDITION.

The same is true of the new classification of economic condition of patients. Although there have been some general classifications of economic conditions, the State of

New York was the first to get definite data along this line. The old classification of "poverty," "comfort," and "affluence" proved to be indefinite and inadequate. It submerged in the comfortable class, the great marginal class which constituted 52.4 per cent of the first admissions for the fiscal year 1914. Poverty is another term which is reluctantly applied and in no way delineates the great dependent class which constituted 21 per cent of the first admissions last year. In addition there are 2.5 per cent whose economic condition was unascertained, which without doubt belong to either the marginal or dependent class, making a total of 75.9 per cent for the two classes and leaving a comfortable class of 24.1 per cent. That only a small percentage of these can be classed as affluent, seems evident from the fact that less than 9 per cent of the admissions were reimbursing patients.

The following is a classification of the first admissions of 1914, classified according to economic condition:

	NUMBER			PER CENT		
	Males	Females	Total	Males	Females	Total
Dependent.....	893	426	1319	26.8	14.6	21.0
Marginal.....	1524	1759	3283	45.6	60.1	52.4
Comfortable.....	825	683	1508	24.7	23.3	24.1
Unascertained.....	96	59	155	2.9	2.0	2.5
Total.....	3338	2927	6265	100.0	100.0	100.0

Further classifying these patients according to psychoses and choosing the five groups which contain the greatest number of patients, the following table is obtained:

PSYCHOSES	NUMBER				PER CENT			
	Dependent	Marginal	Comfort-able	Unascertained	Dependent	Marginal	Comfort-able	Unascertained
Senile.....	164	215	146	17	30.3	39.7	27.0	3.1
General paralysis.....	172	414	160	28	22.2	53.5	20.7	3.6
Alcoholic.....	106	247	101	10	22.8	53.3	21.8	2.2
Dementia præcox.....	280	611	212	22	24.9	54.2	18.8	2.0
Manic-depressive.....	95	418	133	9	14.5	63.8	20.3	1.4

Comparing these five principal psychoses: senile, general paralysis, alcoholic, dementia præcox and manic-depressive, we find the largest percentage of dependents among the seniles and the smallest among the manic-depressives; there being relatively more than twice as many senile dependents as manic-depressive dependents.

The manic-depressive *marginal* class was relatively one and one-half times as great as the senile *marginal* class and greater than that of any other psychoses; while the senile *comfortable* class was the greatest, and dementia præcox *comfortable* class the least.

RACE.

This is the first time that a general table of the race of first admissions has been possible as the statistical card which required this data did not come into general use until 1914.

The first admissions were distributed among the principal races as follows:

Although there were thirty-five races in the classification used, we find that six of these races; i. e. the English, German, Hebrew, Irish, Italian and Slavonic number 3,640, or 60.5 per cent, of the ascertained cases.

The Irish race exceeded all others and constituted 17.5 per cent; the German race 12.6 per cent; the Hebrew 10.5 per cent; the English race 6.9 per cent; the Italian race 5.9 per cent and the Slavonic 4.7 per cent.

RACE DISTRIBUTION OF FIRST ADMISSIONS TO THE CIVIL STATE
HOSPITALS, YEAR ENDING SEPTEMBER 30, 1914.

RACE	NUMBER			PER CENT		
	Males	Females	Total	Males	Females	Total
African (black).....	93	109	202	2.8	3.1	3.2
English.....	191	241	432	5.7	8.2	6.9
German.....	441	319	760	13.2	11.9	12.6
Hebrew.....	336	323	659	10.1	11.0	10.5
Irish.....	540	553	1,093	16.2	18.9	17.5
Italian includes "north" and "south".....	212	157	369	6.4	5.4	5.9
Magyar.....	21	40	61	0.6	1.4	1.0
Scandinavian (Norwegians, Danes and Swedes).....	82	76	158	2.5	2.6	2.5
Slavonic.....	165	132	297	4.9	4.5	4.7
Mixed.....	919	734	1,652	27.5	25.1	26.4
All other specified races.....	184	120	304	5.5	4.1	4.9
Race unascertained.....	154	93	247	4.6	3.2	3.9
Total.....	3,338	2,927	6,265	100.0	100.0	100.0

With the exception of the African race there are no statistics available to show the distribution of the various races in the general population of the State. Assuming that since 1910 the African race in this State has increased at the same rate as the general population, the present population of the race would be 145,731. During the fiscal year 1914, there were 202 Africans among the first admissions to the civil State hospitals, or a rate of 138.5 per 100,000 of the population. The rate of first admissions among the general population of the State was 63.3. These figures seem to indicate that the rate of insanity among the negroes is approximately twice as great as among the general population.

Among the different races the frequency of different forms of mental disease varies greatly.

The following table shows the distribution of certain psychoses among the leading races:

The African, German and Italian races have high percentages of cases of general paralysis and dementia præcox. The Italians also have a high percentage of cases of manic-depressive insanity.

The Hebrew race has an extremely low percentage of alcoholic cases, but a very high percentage of dementia præcox, and an extremely high percentage of manic-depressive insanity.

The Irish race, both male and female, has the highest percentage in alcoholic cases and the lowest of manic-depressive and dementia præcox cases. The Slavonic race has the highest percentage of cases of dementia præcox and the lowest of general paralysis.

SUMMARY OF STATISTICAL REPORT.

A brief advance summary of the statistical report for the year may be of interest. On the first of October, 1914, there were in the State hospitals 33,357 patients, an increase over the preceding year of 758 patients. During the year there were admitted 7,956 patients of which 6,265 were first admissions and 1,691 readmissions; an increase over the preceding year of 204 first admissions and 88 readmissions, or a total increase of 292 admissions.

Comparing the number of patients in the various psychoses with those of the previous year, we find some very remarkable changes.

The numbers for 1914 and 1913 were:

	Alcohol	Dementia Præcox	Allied to Dementia Præcox	Manic- Depress- ive	Allied to Manic-De- pressive	Constitu- tional In- feri. rity
1914	464	1125	320	655	225	228
1913	572	1021	229	705	219	189

It is thus seen that in the past year there has been a decrease of 108, or 18.9 per cent, in the alcoholic psychoses and a decrease of 44, or 4.8 per cent in the manic-depressive and allied to manic-depressive psychoses while in dementia præcox and allied to dementia præcox groups, there has

been an increase of 195, or 15.6 per cent. In the constitutional inferiorities there has been an increase of 39, or 20.1 per cent. These changes correspond with tendencies that have been noted in less degree in previous years. Since 1910, although the first admissions have increased 12.6 per cent, the alcoholic first admissions have decreased 20.4 per cent; the manic-depressive and allied to manic-depressive have increased only 14.4 per cent; while dementia præcox and allied to dementia præcox have increased 42.4 per cent.

The question now arises why the decrease in alcoholic and other psychoses and why the increase in dementia præcox and allied to dementia præcox. Is it due to changes in diagnosis or to changes in social conditions?

NATIVITY AND CITIZENSHIP.

With respect to nativity and citizenship, it was ascertained that of the 33,357 patients remaining in the State hospitals on October 1, 18,869, or 56.6 per cent, were native born and 14,488 or 43.4 per cent, were foreign born. Among the 14,488 foreign born patients, there were 8,975, or 26.9 per cent, of the patient population who were aliens and 5,512, or 16.5 per cent, naturalized citizens. When compared with 1913, these figures show a decrease of 0.8 per cent in the number of aliens and an increase of 0.7 per cent in the number of naturalized citizens, the relative nativity of the patients remaining practically the same.

There is a little variation between the nativity of the patients on October 1, 1914, and the first admissions for the fiscal year 1914. Of the 6,265 patients admitted in the fiscal year, 1914, 3,326, or 53.1 per cent, were native and 2,924, or 46.7 per cent, were foreign born. It is interesting to note that 2,056, or 70.3 per cent, of these foreign born patients were from five countries in Europe in the following proportions:

Austria	260 or 8.9 per cent
Germany.....	430 or 14.7 per cent
Ireland	592 or 20.2 per cent
Italy.....	351 or 12.0 per cent
Russia.....	423 or 14.5 per cent

It is noteworthy that the percentage of foreign born among the first admissions of 1914 was practically the same as in 1913 and 1912.

The parentage of 1,512, or 24.1 per cent, of patients in 1914 was native; of 4,043, or 64.6 per cent, foreign and of 8.1 per cent, mixed. The parentage of 202, or 3.2 per cent, were unascertained.

PARENTAGE.

We have not yet made a complete study of the parentage according to psychoses. There is a general opinion among laymen that our American stock is fast fading into oblivion; that it is only a matter of a few years until this great country will be peopled by a foreign stock which will have the burden of caring for the American stock in hospitals and almshouses. Incidentally while classifying the foreign cards, I selected the admissions of Kings Park for a study of parentage of patients of certain psychoses with the following results:

PARENTAGE OF FIRST ADMISSIONS TO KINGS PARK.

	Foreign parents	Native parents	Ratio
Total patients	359	87	4.1
Dementia paralytica	78	18	4.3
Alcoholic.....	35	4	8.7
Dementia præcox and allied to dementia præcox	146	22	6.6

While the ratio of foreign to native parents is 4.1 to 1, the ratio in general paralysis is 4.2 to 1; in alcoholic psychoses 8.7 to 1; in dementia præcox and allied dementia præcox 6.6 to 1.

FAMILY HISTORY.

Owing to the extreme difficulty of obtaining information and the number of unascertained cases, the table of family history with reference to insanity must be termed somewhat unsatisfactory. Of the 6,265 first admissions, there were

4,759 ascertained cases. Of this number 3,301, or 69.3 per cent, had no history of insanity leaving 1,458, or 30.6 per cent, with a history of insanity. When compared with 1913, this shows a slight decrease in the number of patients having no history of insanity. When compared with the table in the report of 1909 which was made out from a part of the hospitals, we find that the number of patients having no history of insanity has decreased nearly 5 per cent. This decrease is probably due to better facilities in ascertaining heredity of patients.

These tables do not show that heredity plays a very strong part in producing insanity; the cards show that only 216 patients had insane fathers; 240, insane mothers, 476, insane brothers, 190, insane grandparents and 594, insane uncles, aunts or cousins.

Comparing some of the prominent psychoses such as the alcoholic, dementia præcox and manic-depressive, we find in the 348 ascertained cases of alcoholic insanity, that 13 had insane fathers and 16 had insane mothers; i. e. an insane father for every 26.7 patients and an insane mother for every 21.8 patients. In the 863 ascertained cases of dementia præcox, 39 patients had insane fathers and 50 patients, insane mothers, i. e. one insane father for every 22.1 patients and one insane mother for every 17.2 patients. Of the 552 ascertained cases of the manic-depressive psychoses, 29 had insane fathers and 29 insane mothers, one insane father and one insane mother for each group of 19 patients. These tables and previous tables seem to indicate a slight predominance of insane mothers.

In the past two years the family history of nervous diseases has been tabulated. There seems to be more difficulty in ascertaining information concerning nervous diseases than concerning insanity. Consequently, there is a large number of cases in which the question of history has either been ignored or unascertained.

While the family history in this report seems to be more complete this year than in previous years, it is still too incomplete to be deemed satisfactory. Last year the cards showed nervous diseases in the fathers of 32 patients, in the

mothers of 45 and in the grandparents of 16. This year the cards show nervous diseases in the fathers of 120 patients, in the mothers of 121 and the grandparents of 66.

At present, nervous diseases are grouped on the statistical card with insanity under the heading of heredity. It is probable that we would get more specific and definite information if these items were separated giving each item its own specific heading.

DISCHARGES AND DEATHS.

During the fiscal year 1914 death claimed 1,586 male and 1,422 female patients, a total of 3,008. For the second time in ten years there has been a slight decrease in the number of males dying. Last year the decrease was 22, while the number of female deaths increased 140, making a total of 118 more deaths than in the previous year.

Last year there were 1,703 patients discharged as recovered and 1,727 discharged as improved and much improved; an increase in the three groups of 318 over the preceding year, 1913.

Upon comparing the discharges for the past ten years, we find that the recoveries per 100 patients admitted have decreased while the improved and much improved have increased. This is undoubtedly due to more careful discrimination in classification on the part of the hospitals when discharging patients.

It seems that the alcoholic and manic-depressive admissions which have high rates of recovery and the low death rates have gradually diminished while the dementia præcox and allied to dementia præcox admissions which have low rates of recovery have gradually increased. These changes in admissions if continued would have a marked influence on the death rate and recovery rate in the institutions.

In these days of preventive medicine and preventive hygiene, the steady increase of insanity shown by our statistics is not encouraging. It is estimated that since 1910 the general population of the State has increased 8 per cent while the annual number of first admissions to our

several State hospitals has increased more than 12 per cent during the same period.

Our statistics show that 70 per cent of our first admissions come from foreign stock. It would seem, therefore, that if we were to succeed in reducing the number of admissions to our hospitals we must in addition to our preventive medicines, exert every influence within our power to prevent immigrants with neuropathic or psychopathic tendencies from being admitted to our country or settling in our State.

Commissioner MAY: I would like to ask Mr. Nolan to repeat that sentence in which he stated the decrease in the recovery rate; I did not get that.

Mr. NOLAN: It has decreased from 27 per cent in 1905 to 21.4 per cent in 1914.

Commissioner MAY: That is a recovery rate based solely on first admissions?

Mr. NOLAN: No; on all admissions. In 1905 we had no separate classification of first admissions.

Dr. PILGRIM: One question I would like to ask—It may have been answered in the paper, although I did not hear it—that is, do insane mothers have a preponderance of insane daughters and insane fathers a preponderance of insane sons, or vice versa.

Mr. NOLAN: I think that varies in different psychoses, if I get your question right. Perhaps Dr. Pollock can answer that better than I can.

Dr. POLLOCK: We have not studied it very extensively. We made a study of heredity with respect to alcoholic psychoses and found that the female patients had more insane mothers than insane fathers; the male patients had more insane fathers than insane mothers. We found a very high percentage of alcoholic patients, both male and female, with alcoholic fathers. That was probably the most interesting feature of heredity we discovered in our study of alcoholic psychoses. The percentage of female patients with alcoholic fathers was greater than that of the male patients.

Dr. HOWARD: Could this statement of an increase death rate and decreased recovery rate be accompanied by a

a statement with regard to increased overcrowding and decreased appropriations?

Mr. MCKINNY: Do you say there were 14,000 aliens in our institutions?

Mr. NOLAN: No, of foreign patients; there are not 14,000 aliens. Fourteen thousand were foreign born and the balance were native born.

Mr. MCKINNY: Do the foreign governments pay for the aliens in our institutions?

The CHAIRMAN: I do not understand that foreign governments pay for maintenance of any patients.

Commissioner MAY: They are maintained by the State of New York.

The CHAIRMAN: Of course they are deported wherever possible.

Mr. NOLAN: There are 14,448 foreign born patients, and 8,975 of these are aliens.

Dr. PILGRIM: It seems to me this question of a decrease in recoveries is something we ought to pay attention to. I would not like to have it shown that our efforts merely result in fewer recoveries. I think there are two explanations; one is in the different character of the admissions—and I think there is undoubtedly a change in admissions over previous years—and another is the greater care which we now exercise in diagnosis, and the greater care which we exercise in arriving at the normal standard. Recovery is merely a question of judgment on the part of the physicians anyway, and I think our more careful methods naturally result in fewer recoveries. I do not think we are doing poorer work, it is because we are doing better work and establishing a higher standard.

Dr. POLLOCK: I think the introduction of the term "much improved" in reporting discharges affects the recovery rate. Years ago they were reported as recovered or improved, but during recent years the term "much improved" has been introduced and I think undoubtedly quite a large number of patients formerly reported as "recovered" are now reported as "much improved." Possibly the old classification of recovered included the two designations used at the present time.

Dr. HUTCHINGS: It seems to me Dr. May put his finger on the point at issue when he asked if that related to first admissions. We know that a very large number of chronic patients are taken out of the hospitals by their friends and are able to get along for a time and are then brought back again. That may be reported again and again in one case and those patients all figure as discharges, but not as recoveries. That is an error in bookkeeping and the hospitals should not suffer in reputation because we have been urged at every opportunity in recent years, more particularly on account of overcrowding, to send them home again. We have gone through wards with a fine tooth comb and everybody that is harmless has been sent home and very many of those get along until discharged and soon after that were re-admitted. The condition of overcrowding has brought about a situation which did not prevail to such an extent ten years ago. It seems to me that could be shown by some suitable collection of cases and it would relieve our statistics of the large apparent increase in the discharges unrecovered and the relative diminution of those recovered. It might be a table of patients discharged once or discharged after the first time, but it seems to me that, after all, there is a practical side that is of more interest to the public than our contention whether the patient is recovered or much improved. Is the man able to return to his occupation or a woman to her family and get along in comfort? If they are, then the hospital should be credited, we having produced enough improvement in that case to restore the wage-earner to his family or the mother to her children, and let us not quibble whether in this table the man has been set down upon our records as recovered, much improved, or even improved, if he is able to go back to his work. That is the function of the hospital, to send them back to the community; that we are doing. On account of our final discrimination between complete recovery and recovery just short of being complete we should not be charged with less scientific work or less satisfactory results, and I believe it can be shown that some of the patients have been discharged and returned home although when you come to

subdivide, less of them may be recovered, as Dr. Pilgrim says, due to a more careful scrutiny of the patient at the time of his discharge. We all know that in olden times the matter of recovery was very loosely used and I know the history of the insane records of one institution in one year discharged 100 per cent of their patients recovered. That was forty or fifty years ago. Everyone knows that was an error. The method of testing the recovery of patients was not as clearly understood as at the present day, and results of cure as compared with methods of the present time.

Mr. NOLAN: How do you account for the increase of the death rate?

Dr. HUTCHINGS: Overcrowding and bad air.

Dr. WAGNER: Another reason is this; during the past ten years a great many chronic cases have been brought in to the hospitals that were formerly kept at home, cases seventy or eighty years of age, that have been insane ten to thirty years, simply because people in that locality had learned more about State hospitals and the possibilities of cure, and have therefore brought such patients into the institutions. In many instances they die within a few weeks or months after coming in. This grows out of the fact that because the hospitals have become better known persons who used to be kept at home are brought to the hospitals.

Mr. ELWOOD: I would like to emphasize what Dr. Hutchings says regarding the discharge of patients to the community. Dr. White here in a recent address before the Mental Hygiene Conference, emphasized the fact that insanity is not a medical term. A person is insane when he becomes so disordered mentally that he can not conduct himself and his affairs properly in society. We do not commit a patient to a State hospital until his mental disease has progressed to that stage. When we discharge a patient from the hospital we do not give him a diploma of recovery unless he has recovered, scientifically. When he is discharged from the hospital he is improved to the extent of being able again to go out in society for a time. It looks to me as though we are making it a rule working one way

and not the other. His mental disease must progress to such a state that he can not maintain himself and comes to a hospital and is treated and goes into the community again, and you can not give him a diploma of recovery unless he is, scientifically, actually recovered from his psychosis. Another thing of importance; we are liable to get into the danger of regarding the recovery rate as the recovery rate of insanity, which includes some twenty-five or thirty entirely different types of mental disease. You might about as well refer to the recovery rate of internal disease or the recovery rate in any great group of ills in the human race. It seems to me there we are in trouble. The public does not differentiate, yet we should. I do not know what can be done about it unless perhaps to place more emphasis on those discharged as much improved or as improved. We are holding up one standard on entrance, and another higher standard when we apply the term discharged, and the public is going to confuse them, and I would be very sorry to see this statement going out, that the recovery rate is lowering or only such a proportion is actually recovered. I think perhaps in time we can show the public more definitely, and impart knowledge of what it means to be improved. The man must maintain himself in society again, although he is not recovered to the extent of being in such condition that the physician can give him a clear recovery from his psychosis.

Mr. NOLAN: Would this great increase in dementia præcox with a low rate of recovery make the difference in the recovery rate?

Dr. HOWARD: Those statements about recoveries are modified somewhat in the light of this discussion.

Dr. RYON: Another interesting point in the paper; that is the increase of the diagnosis of dementia præcox against manic-depressive over former years. I think that in part may be due to the better study made by the medical staffs in the hospitals. I have noticed several times that in looking over re-admissions to hospitals, the first diagnosis made was manic-depressive, and when the patient was re-admitted within a year the diagnosis made was dementia præcox.

Evidently in the first admission the patient showed many manic features and was put in the manic class. I think that the increase in the cases of dementia præcox is partly due to that.

Mr. NOLAN: What explanation can be given in regard to the decrease in alcoholic psychoses?

Dr. HOWARD: The great temperance movement throughout the world.

Dr. POLLOCK: There is one point that has a bearing on our statistical work I wish to mention in this connection. A committee of the American Medico-Psychological Association is studying the new classification of mental diseases and Dr. Hoch told me at the last conference I had with him that the committee had practically agreed upon a new classification. If that classification is better than the one we now use it seems to me steps ought to be taken to adopt it, so that it can be introduced in the hospitals and the cards made out accordingly. Efforts are being made to get a uniform classification throughout the entire country. It seems highly important that this be done.

Dr. PILGRIM: I would like to make one suggestion; that is that the statistics show the percentage of patients discharged, whether recovered or only improved, but discharged to home life in the different years. It would be interesting to know whether these figures would show an increase or decrease. As Mr. Elwood said, insanity differs. Nobody would think of making statistics in regard to diseases of the lungs and include recoveries from tuberculosis, pneumonia and gangrene of the lungs under the general grouping of lung diseases; nobody would think of grouping them together. Why should we not think it ridiculous in regard to insanity; why not give your recoveries in regard to different forms. Also make your percentages show how many have returned to their homes in different years; that is the essential question.

Dr. LEAK: I would like to bring out one question. I think hospitals are too discriminating in what they call recovery. I know a number of patients who have been discharged from two hospitals in the district where I reside and

who have been able to take up their life outside the hospital as well as they did before they went in. I know one or two of these are not put down as recovered, whereas I think they should be. In other words, I think we should call a patient recovered when he has reached a status nearly the same as before he went in the hospital, and not what you or I consider a perfectly normal individual.

Mr. MCKINNY: I wonder if it is not our duty to call the attention of the Federal authorities to the increased population of aliens in these institutions? Urge them to give a more careful scrutiny as to people coming here from abroad? I was alarmed to hear that at least 14,000 of the inmates are foreign—I think that the attention of the Federal authorities ought to be called to this awful situation.

The CHAIRMAN: I think it is continually kept before them.

Commissioner FRIDAY: I would suggest that the points made by Mr. Nolan, which I listened to very carefully, should be tabulated and the results shown. It seems to me it would be a very valuable contribution to the literature of the State. It is full of interesting matter, and if that could be tabulated in a page or two it might prove of great value for future reference.

The CHAIRMAN: How much do you tabulate?

Dr. POLLOCK: We tabulate for the annual report all shown in the paper and a great deal more additional matter; of course it is not put in just the same form. Mr. Nolan has brought up some matters never discussed in our annual report. The facts will all be published in the annual report, tabulated and summarized so that they will be readily accessible.

The CHAIRMAN: If there is no further discussion of the matters referred to by Mr. Nolan, I will declare a recess until two o'clock.

(END OF MORNING SESSION.)

AFTERNOON SESSION.

The CHAIRMAN: We will take up the third subject on the day's program, "The Supervision of Institutions for the Insane in the State of New York." Commissioner May will open the discussion.

(Commissioner May's paper was published in the August, 1915, number of the STATE HOSPITAL BULLETIN.)

Commissioner MAY: I submit this as a basis for discussion. It is a subject of great importance and of particular interest to this conference. I may remind you that we only recently had legislation to consider which contemplated the creation of a Board of Control in this State. We know definitely and positively that legislative enactments looking toward a Board of Control will be brought to the attention of the Legislature at its next session in January. I think all persons concerned will see the necessity of some definite recognition of the powers of the Commission in the Constitution which will prevent the possibility of a Board of Control in this State. I am satisfied, personally, from my knowledge of the situation that a Board of Control is inevitable sooner or later, that it is merely a question of time, unless Constitutional amendments make this absolutely impossible. The only way I know to make that certain is to vest in the Commission the power of management and control. The creation of a Board of Control is possible only by giving such a body the management and control of the institutions.

Anything that is written into the Constitution will render the administration of the Department stable for the next twenty years, and unless we have that stability and unless we insure it by some Constitutional provision which will present interference, we can look forward to the necessity of fighting this Board of Control scheme, if not next year, the year after that. We have an opportunity, now that the Constitutional Convention is in session, to put something into the Constitution which will prevent this department being merged with the charitable institutions and penal institutions. We ought to begin with a systematic, definite plan of procedure, and start a systematic campaign with

that end in view. If the superintendents and managers of the hospitals will explain the necessity for action on this question I think we can expect proper consideration.

Judge TEALE: Has anything been done toward drawing up a section like that?

Commissioner MAY: No, sir; it is a thing we ought to consider at this conference. Nothing of that sort should be done until we are all agreed and find just the line of procedure that it is wise to follow. I feel certain that the only way is to vest the Commission with the management and control of the hospitals; that would render the Constitutional authority definite and make the Board of Control scheme impossible for all time. I will read Section II of Article VIII of the Constitution :

The Legislature shall provide for a state board of charities, which shall visit and inspect all institutions, whether state, county, municipal, incorporated or not incorporated, which are of a charitable, eleemosynary, correctional or reformatory character, excepting only such institutions as are hereby made subject to the visitation and inspection of either of the commissions, hereinafter mentioned, but including all reformatories except those in which adult males convicted of felony shall be confined; a state commission in lunacy which shall visit and inspect all institutions, either public or private, used for the care and treatment of the insane (not including institutions for epileptics or idiots;) a state commission of prisons which shall visit and inspect all institutions used for the detention of sane adults charged with or convicted of crime, or detained as witnesses or debtors.

Judge TEALE: Could not the legal member of the Board draw up something and then we can get to work on it.

Mr. McKINNY: I think the thing to do, is to appoint a committee, and have such committee prepare the proposition and discuss it here and when in proper form submit it to the Committee on Charities of the Constitutional Convention.

Commissioner MAY: Don't you think it would be well to find out just what we want to do, then leave it to the committee to carry out the scheme?

Mr. McKINNY: We seem to be of one mind about that.

Commissioner MAY: That is what this conference is for.

Judge TEALE: I move that we approve the recommendation made by Dr. May.

Judge Teale's motion was duly seconded.

Commissioner FRIDAY: May I suggest that you embody the facts contained in Dr. May's statements in the form of an amendment to the Constitution—I mean by including the paragraph prepared by Dr. May and send it to the members of the Constitutional Convention and particularly the Charities Committee.

Commissioner MAY: The essential features are that the Commission should be given specifically the management and control of the institutions. That would prevent the board of control. One other thing I think ought to be insisted upon is recognition of the boards of managers. If the boards of managers were abolished, and that idea has occurred to some of our political friends on more occasions than one, it will leave the way open to the political management of these institutions. I believe that the managers are a tower of strength and ought to be recognized in the Constitution, so that no political power of any shade whatever could at any time change the method of administration and abolish the boards.

Judge TEALE: I will accept Commissioner Friday's amendment.

The CHAIRMAN: You have heard the motions that the suggestions made by Dr. May be approved. This would be a good time to have a general discussion on this subject and the views of all members who will be good enough to express them here.

Commissioner FRIDAY: The amendment I made is that the suggestions contained in the paper written by Dr. May, which evidently favors the commission of three having administrative, financial and other control, be recommended for embodiment in the proposed new constitution so that the Commission will have administrative, financial and executive control. That will prevent, year after year, the Commission being interfered with or changed. All this modern idea of a board of control, which has been spoken of so largely in Dr. May's paper, would be eliminated from

the consideration of legislatures at least during the term of this constitutional period, at least twenty years.

Commissioner MAY: I would like to have a very full and free discussion of this. If there are any other points to be considered, this is the time to consider them. We will have to present a united front and work together, and we must know just what we want and work for it, or we will not make any progress at all. This is a question of momentous importance to us. It has to do with the future of the hospitals for at least twenty years, if not for all time. If a mistake is made now, it would be a very serious matter.

Dr. WAGNER: I would like to be recorded as being heartily in accord with Dr. May on this proposition. I feel that the danger that he has spoken of, which would result from a board of control, is a very real one and that every effort should be made by the members of this conference to impress upon the Constitutional Convention the danger that would result from a board of control and to secure such provisions in the constitution as would insure the permanence of the present State hospital system and the present boards of managers.

Dr. HURD: It seems to me, perhaps, somewhat of a waste of time for us to record ourselves all in favor of the present Commission in Lunacy, as I think we are all of one mind, and that it would be better, if anyone takes the opposite view or has any grounds for feeling that a different form of administration would be advisable, to state objections and discuss them. It would seem that the proper subject for discussion now would be a method and way by which we can reach and influence the Charities Committee of the Constitutional Convention. We have a legislative committee of this body, which represents the Commission, and this, it seems to me, would be a very efficient channel through which to place information and arguments before the Charities Committee, and also we might bring the influence of our Boards of Managers to bear on this committee.

Dr. PILGRIM: I concur heartily with everything Dr. May has said and my experience in the State service as superintendent and as a member of the Commission leads

me to believe most decidedly that the present form of administration is preferable to a single head, and I think we ought to do everything we can to preserve the present status.

Mr. McKINNY: You must act speedily; I know the delegates are in a responsive mood and want all the suggestions possible.

Dr. RYON: Another thought occurred to me—While we approved the motion as it stands now, would it not be wise to further add in the Constitution, such Commission shall consist of three members. I think if that be fixed it would prevent any possible change.

Judge TEALE: Would the Commission be constituted as at the present time, a layman, a doctor and a lawyer?

Dr. MAY: We had that matter under very careful consideration, considered the advisability of going further into the details in forming an amendment for consideration, but I have been advised by those more familiar with the methods of conventions than I am, that the least detail we go into the better. The chance of amendment would be much greater if it is put in a very general form and the details are left to the Legislature. If a commission of three accomplishes all we desire there is some question of the propriety of attempting to say how many members should be in the Constitution. Those familiar with the situation advise me that we had better not say anything about the number of commissioners, the qualifications of commissioners, terms of office, etc.; that should be left to the Legislature. I believe all of us here would be very glad to put in some specific section, but there is some question as to whether that would be wise or not.

Mr. SHIPMAN: I do not know as I am capable of advising, because I am not on the Charities Committee, although I am on others. I think the fewer the words in that amendment the better chance you have for its success because anything in the fundamental law should have as little detail in it as possible. It should have a broad appearance, constituting the boundary lines rather than any specific details. I think if this amendment were in the same form as

the provisions in the present Constitution in regard to the State Hospital Commission, by simply adding a word defining its powers, you would stand a better chance of success, because the few words would embrace its powers leaving the details to the Legislature. It would seem to me it should not be so much in detail as to be opposed on the floor of the Convention.

Dr. PALMER: Every one here desires a continuation of the Commission as now constituted and the task we have is to get this fact embodied in the revised Constitution. It seems to me the thing before us now is to prepare the arguments for the continuation of the Commission and to place them before the persons who are to have this revision in hand, and likewise the arguments against a board of control. If these arguments can be embodied in strong terms, and as short as possible, I think the chances are favorable for the adoption of the desired clause in the Constitution.

Dr. HUTCHINGS: I heartily agree with all that has been said with reference to the subject in general and also with the remarks of Mr. Shipman, calling attention to the necessity of being brief and fundamental, but it does seem to me that we might word a paragraph in such a way that the Commission could be referred to in the plural, and also it would seem to me highly desirable that some reference be made somewhere to the boards of managers. The success of the administration of the State hospitals depends upon the existence of those two bodies, a Commission on the one hand and a board of managers on the other, and I think that it is just as important that one be recognized as the other if it can be done. We have always been fortunate in having a Commission composed of broad-minded, conscientious men who have not themselves endeavored to resort to political methods, yet we can see how there might be a danger from the Commissioners themselves. The safeguard against this danger is the board of managers. I wish particularly to urge that something be said in the Constitution that will require boards of managers to be continued.

Dr. HARRIS: I heartily agree with what Dr. Hutchings

has said. I am in favor of the form as above stated. I agree with Dr. Hurd that, if there is anyone here who has any objections to state to this proposition, it would be very enlightening to hear from them.

Dr. SOMERS: Although I recognize the importance of the question before the Conference yet I feel we have discussed the matter quite thoroughly. I certainly endorse what has been said. It seems to me the situation reduces itself to the practical working with the legislative committee of superintendents. To this committee should be added four members of the boards of managers, preferably some of the legal members, and that a resolution should be framed in proper words and presented to the Charities Committee of the Constitutional Convention, and that the Committee ask to be heard at the proper time when they can present further arguments to back up the resolutions submitted. If in order, I make this motion as an amendment to the original motion.

The CHAIRMAN: The amendment that four members of the Boards of Managers, including legal members, be added to the committee on legislation is before the Conference and has been seconded.

Dr. ELLIOTT: I would suggest that one manager be selected from each hospital to co-operate with the present Legislative Committee and arrange a hearing before the Constitutional Convention Committee. What we are immediately concerned with now is to formulate some definite plan for approaching the Committee of the Constitutional Convention on this subject. There is no difference of opinion here as to what change is desired.

Dr. RYON: Referring to what Dr. Palmer said of preparing the arguments for and against the Commission as constituted, it seems to me we have a very good line of argument in the paper which Dr. May presented to the Conference. If it is in order I move that it be printed and distributed to the members of the Constitutional Convention.

Dr. HARRIS: In order to facilitate matters, I suggest that the original motion be put as amended by Commissioner Friday and that the other amendments be withdrawn.

The CHAIRMAN: I shall call for a vote on the motion of Judge Teale as amended by Commissioner Friday.

Commissioner FRIDAY: Do they understand what the motion is?

(The stenographer read the amended motion as follows:—Commissioner Friday,—The amendment I made is that the suggestion contained in the paper written by Dr. May, which evidently favors the commission of three having administrative, financial and other control, be recommended for embodiment in the proposed new Constitution so that the Commission will have administrative, financial and executive control.)

Dr. ELLIOTT: I move a legislative committee consisting of certain superintendents as now constitute that committee, together with one manager elected from each hospital board, be requested to present this matter to the Committee of the Constitutional Convention.

Dr. Elliott's motion was duly seconded.

Dr. HURD: Are the Commissioners included in that motion.

Dr. ELLIOTT: And that the State Hospital Commission be included to co-operate with the legislative committee of managers of the hospitals.

Which addition to the original motion was also seconded.

Dr. HUTCHINGS: That makes a committee of seventeen or eighteen. It seems to me to be entirely too large to do effective work. I am opposed to that. I would suggest that a smaller number of managers be selected.

The CHAIRMAN: Dr. Elliott's motion is that a committee, consisting of the legislative committee of superintendents, one member of the board of managers of each hospital, and the hospital commissioners, constitute a committee to prepare and present to the Constitutional Convention a suitable amendment to carry out the idea of this conference. Now we are ready for any amendments or suggestions.

Dr. HUTCHINGS: I offer an amendment that this committee, consist of the standing committee on legislation, one member of the State Hospital Commission, three members of the boards of managers, and that another or larger

advisory committee be constituted on which each hospital may be represented, an advisory committee to include a representative from the board of managers of each hospital.

Dr. HARRIS: It seems to me that a committee of twenty would be rather large and unwieldy for the purpose of drafting the amendment in question. I think that the Legislative Committee should confer with the State Hospital Commission and then get this bill in order and, that then, an advisory committee consisting of one or two members from each board of managers could work with the Legislative Committee and the State Hospital Commission when the argument is to be presented before the Constitutional Convention Committee on Charities. In this way, the Committee would be less unwieldy and arguments could and ought to be presented from different parts of the State by different persons.

Dr. Hutchings' amendment was duly seconded.

Father YORK: It seems to me the larger the committee the better. All know some of the members of the Convention. Dr. May has already prepared the arguments. Have as large a committee as possible. All have some influence, everyone of us. It isn't such a large committee to have twenty members.

Mr. SHIPMAN: Might I offer a suggestion? It seems to me two things are to be found in this motion before the House. One is the preparation of a proposed amendment to the Constitution, the other is the support of it. Those two things can be disjoined. The amendment can be expressed in from three to five lines by going over the thing to see how little change can be made. Then the urging of its adoption can be made by a larger representation. When the title of an amendment is read, it is immediately referred to the proper committee. Then, when the committee takes the proposed amendment, it fixes a day for a hearing. That is the time when the arguments are to be placed before it. The very first thing is the preparation of the amendment. Arguments in support of it can be brought later.

Dr. SOMERS: As I suggested a few moments ago it

seems to me that the legislative committee of the superintendents and four representatives of the boards of managers of State hospitals, some of whom should be legal members, should formulate in proper language a resolution which can be presented to the Constitutional Convention at the proper time and support such resolutions with arguments. It also seems to me that this would be a sufficiently large committee to represent the boards of managers and superintendents and possibly the Commission. The discussions brought out in to-day's meeting would naturally be taken into consideration by such a committee. In my suggestion I have left out the State Hospital Commission in the make-up of the committee as I personally think it is wise to do so because the Commission is a too much interested party. I therefore make as an amended motion to Dr. Hutchings' amendment, that the committee of superintendents and managers to the number mentioned prepare resolutions to the Constitutional Convention.

Dr. HUTCHINGS: I accept the amendment.

The CHAIRMAN: Dr. Hutchings accepts the amendment; are there further remarks on the amendment of Dr. Hutchings? If not I shall call for the vote.

(Dr Hutchings' motion as amended was adopted by the Conference.)

The CHAIRMAN: Are there any remarks on the original motion as amended?

(The motion as amended was adopted by the Conference.)

Dr. RYON: I move that with Dr. May's consent, this paper, which presents the arguments for and against boards of control, etc., including Dr. Salmon's paper, which has already been printed, that these two, be distributed to the members of the Committee on Charities of the Constitutional Convention.

Commissioner MAY: I am very glad to do that, if it is wise. Perhaps it could come from the Commission.

Dr. SOMERS: It takes some time to print a paper; I would suggest that mimeographed copies of Dr. May's paper be produced as soon as possible and sent to the managers and superintendents since, particularly at the week

end, we are able to get hold of the local members of the Constitutional Convention in our various districts, and armed with such a paper we can then talk with such members much better at their homes than in Albany.

Commissioner FRIDAY: Was not an hour set for the report of Dr. Mabon's committee?

Father YORK: Could anybody furnish us with a copy of the list of delegates to the Constitutional Convention?

Mr. SHIPMAN: Next door to the Ten Eyck Hotel, at the Legislative Index Co., you can get printed lists of the members.

Commissioner MAY: We can get such a list and put it in the hands of every manager and all the superintendents.

The CHAIRMAN: I might say here, for all of those present who have not noticed it before, that we have a list of the Committee on Charities here; there are quite a number of these and every member of the Conference can be supplied with one immediately. The list of members of the convention will be supplied as soon as we can obtain it.

Dr. RYON: May I have the question put on my motion?

The CHAIRMAN: Will you kindly state it again?

Dr. RYON: That the paper of Dr. May and that of Dr. Salmon be printed and sent to all members of the Constitutional Convention, especially the Committee on Charities.

Dr. MACY: I understood that that motion was amended by Dr. Somers to the effect that they be mimeographed so as to place them in the hands of the members of the Constitutional Committee and also with every superintendent and manager in the State.

The CHAIRMAN: The amendment of Dr. Somers to Dr. Ryon's motion is that these papers be mimeographed and furnished to all the members of the Conference, as well as to the members of the Charities Committee and to the managers and superintendents. I understand his original motion was to furnish it to all members of the Constitutional Convention.

Dr. SOMERS: I withdraw my motion for the present.

Commissioner MAY: I think that should be left to our Constitutional Committee. I think they ought to pass upon

the advisability of sending this literature out and where it should be sent. I am inclined to think that it would be wise to have it issued by the committee; I rather question the propriety of any matter of this sort being sent out by the Commission for the reasons suggested. I think they are good ones.

Dr. MACY: Is there anything to interfere with having that data reproduced and furnished to the various individual managers and superintendents throughout the State?

Dr. RYON: I accept the amendment to mimeograph and furnish these to the superintendents and managers.

Dr. HUTCHINGS: That committee has full power to act.

The CHAIRMAN: I now call for a vote on Dr. Ryon's motion as amended.

The amended motion was adopted by the Conference.

Commissioner MAY: I think it is understood, Mr. Chairman and members of the Conference, is it not, that the committee provided for by this motion is to have full power to act, and that this matter is to be left entirely to the committee and that such other conferences as they may deem it desirable to call may be had at a later date.

Dr. SOMERS: I am assuming, with relation to my motion adopted, that the chairman of the Commission will forthwith consider the members of the Boards of Managers to be appointed with the legislative members of superintendents.

The CHAIRMAN: You mean that they be appointed at this meeting.

Dr. SOMERS: Yes; as soon as possible.

An informal conference was had by the members present.

The CHAIRMAN: I will call next for the report of Dr. Wagner on the annual meeting of the American Medico-Psychological Association at Old Point Comfort, Virginia.

Dr. WAGNER: I have a very brief report to make, which I will read.

(This report was printed in the May number of the **STATE HOSPITAL BULLETIN.**)

I have, at the request of Dr. Howard, a report of the training school committee to present.

The changes recommended by the training school committee in the qualifications for candidates for principal of training school are the elimination of the words "who are graduates of a high school or have equivalent general education," and also the words "they must also have had experience in an executive capacity in a training school for nurses." The qualifications will therefore read, if this recommendation is accepted: "Open only to women at least twenty-five years of age who are registered nurses in New York State or are eligible to take the examination for registration. If graduated from a training school attached to an institution for the insane, candidates must have had at least nine months' actual training in a general hospital training school, and if graduated from a general hospital training school they must have had at least nine months' actual training in a hospital for the insane. Superior experience as superintendent of a training school for nurses may be accepted as supplying slight deficiencies in the requirements stated above.

Commissioner MAY: I should like to suggest that that report be made in writing so that we can take it up to the Civil Service Commission.

Dr. HUTCHINGS: I move the adoption of the report.

Seconded by Dr. Somers.

The CHAIRMAN: You have heard the motion that the report be adopted as read; I shall call for the vote.

Dr. Hutchings' motion was adopted by the Conference.

The CHAIRMAN: The next in order will be the discussion of the emergency admissions on the application of health officers with reference to the number of cases admitted by each superintendent.

Dr. PILGRIM: We have had some experience with this emergency commitment and have found it very useful. The blanks have only been recently put in use and we have had only two cases admitted upon those blanks. I am quite sure, however, that the practice, when it becomes well known among the physicians, will be resorted to more frequently, and under the limitations which we can make I think the law will prove most excellent.

Dr. MACY : We have had only one such case, but I am convinced it is largely because it is not known. We recently had a meeting of the Suffolk County Medical Society at our hospital and I had great pleasure in bringing it to their attention and discussing it at length. It was very well received by the members of the profession in that county.

Dr. SOMERS : As everyone knows, doubtless, that in the metropolitan district the health officers law does not apply directly, although to be sure we have a health officer, Dr. Goldwater, in New York City, we have no health officer in the County of Kings. Therefore this particular provision—Chapter 307 of the Laws of 1914—is not operative in Kings County.

Dr. ASHLEY : At Middletown since the first of last October we have admitted under the health officer's certificate nine patients, eight of whom were proper cases for admission under that certificate. The other was a case of alcoholism and the symptoms were beclouded with other drugs so it was impossible to determine the mental condition of the patient. The patient was discharged as not insane after the immediate effects of the drugs had passed off. The health officer's certificate has not taken the place by any means of the emergency certificate without the judge's approval. We have admitted sixteen patients under that form, making the total to twenty-five emergency admissions since last October.

Dr. HOWARD : We have had no cases under this new form at Rochester.

Dr. HUTCHINGS : We received two cases under the emergency certificate. Neither proved to be a real emergency and we rejected them both. They both signed an application for voluntary admission when we rejected the health officer's certificate and we received them as voluntary patients.

Dr. POTTER : We received one patient on the health officer's certificate at Gowanda. I have taken occasion to place these blanks in the hands of health officers of the various towns, and they are very much pleased with this form of commitment. Only one case has come in since.

Dr. HEYMAN : At Central Islip we have placed these emergency admission papers in the hands of all the health officers and since it went into effect we have received four patients under that form, two of which were subsequently committed to other hospitals. We have received thus far twenty emergency commitments during the present fiscal year.

The CHAIRMAN : We will have to pass over the reports of the other superintendents.

Dr. PILGRIM : While we are on the subject of committees, I should like to say a word about the clothing of patients. This is a question with which we are constantly in trouble with the committing officers. It seems to me the recommendations of the Commission are not specific enough and some change should be made. The rules provide that before sending a person to any State institution for the insane the clothing must in all cases be new, unless otherwise authorized by the superintendent of the hospital. The point is, whether suitable clothing means new clothing. It is a matter left to the judgment of the officials concerned and the local officials very generally disagree with the hospital authorities.

Commissioner MAY : What would you suggest, new clothing?

Dr. PILGRIM : Yes; or simply suitable clothing.

Dr. ASHLEY : That difficulty can easily be overcome because the chief officer of the institution is the judge as to whether or not the clothing is suitable. I have had many instances when a patient was admitted and the clothing was not new or suitable for some reason and we have notified the health officer, overseer of the poor, or the friends, and have had no difficulty in obtaining, after the patient was received, either new or suitable clothing.

Dr. PILGRIM : In every instance I have found them opposed to taking such action.

Dr. HOWARD : That is a very troublesome problem. Dr. Pilgrim is right in bringing it up. Under the old scheme when new clothing was required, they would take off a suit of clothes worth \$50 and buy a suit worth \$4.50

and put it on the patient and keep the other suit at the county hospital. It was a constant source of trouble. Now we handle it this way: When patients come from where there are no facilities for bodily cleanliness, either from some shack or from some desolate home where the people are not equal to the emergency of getting them into a condition to come to a hospital for the insane, the spirit of the times is to take these patients and care for them well, efficiently, forthwith, and not dispute whether they are absolutely clean or not but have arrangements at the hospital so that when a patient is brought there not in a condition of bodily cleanliness that he be taken to the lavatory before going to the wards. This clause in the law has made more trouble for superintendents and officers in our part of the State than any other one section.

Commissioner MAY: What remedy would you suggest?

Dr. HOWARD: I would repeal the clause and require that patients should be put in proper condition to associate with others before being taken to the ward.

Dr. PILGRIM: There is scarcely a case that comes to us in which we do not have trouble over this question. The hospital is getting unpopular. I take them as they come and get them in a condition of bodily cleanliness and have the superintendent of the poor provide clothing afterwards.

Dr. HUTCHINGS: We might very well look leniently upon the state of cleanliness of the skin, but it seems to me the clothing ought to be clean and new; the authorities should be required to furnish an overcoat in winter and suitable clothing at all seasons of the year, if this is not done we must buy such clothes, overcoat, shoes, etc., for patients when they arrive. It will make a large difference in the year in the cost of clothing. I think that regulation regarding an overcoat and overshoes between certain dates is easily lived up to and should be continued.

Dr. PILGRIM: That is all right, but that would be cared for by having it read "suitable clothing for the season of the year." It should be simply, "suitable clothing," then we would not insist on new. If an attendant goes one hundred miles for the patient and telephones back: "clothing is not

new but good, shall I bring him in," it is a difficult question to decide. It should be, suitable clothing, then we can train our attendants to know what suitable clothing is.

The CHAIRMAN : Dr. Mabon, you were absent when we were going over the list of hospitals for the discussion of emergency admissions.

Dr. MABON : I have nothing to suggest, as we very seldom receive on emergency commitment.

The CHAIRMAN : Perhaps information from all the superintendents might be helpful in the matter of clothing.

Dr. MACY : We find it is easily lived up to and really no difficulty. I think if the doctor will examine into the matter he will find that the rule says, new or suitable, and he will find it agrees with all he wants.

Dr. PILGRIM : I always try to get new clothing, that is where the trouble is.

Dr. SOMERS : I have no trouble whatever, and furthermore it occurs to me that the law and regulations drawn are sufficiently broad to apply to the State hospital system generally, and if there has been trouble in some one locality it does not necessarily follow the regulations need be changed, and that the difficulty is purely an executive matter to be settled by the superintendent.

Dr. POTTER : We have had no trouble on that score. Clothing which is accepted by the nurse or attendant sent for the patient, if found not to be suitable or sufficient we write to the authorities after the patient has been admitted and get new clothing.

Dr. HEYMAN : We have had very little if any trouble, Mr. Chairman. It would seem to me, judging from what the statistician has told us, suitable clothing for a lot of the patients who come to the hospitals would be shrouds on account of the large number of early deaths.

Dr. HOWARD : Dr. Potter reminds me of another matter by speaking of the fact that in some publications Wyoming County is put in the Gowanda district and in some others it is put in the Rochester district. It seems to me it should be assigned to one or the other. It makes embarrassment and trouble to have that county published in the Legislative

Manual in one district and in the Commission's Handbook in another district.

The CHAIRMAN: Can you and Dr. Potter reach some agreement as to who will take charge of that county?

Dr. HOWARD: We can agree, yes; the county officers got angered with Dr. Arthur some time ago about some matter. I believe the Commission ought to notify all the health officers and the judges of that county that that county belongs in the Gowanda district, and discontinue commitments to Rochester.

Dr. POTTER: I appreciate Dr. Howard's generosity in giving us the county. As he says, it is a bad county to get in and out of on account of the train service. Perhaps we get there a little easier than they can from Rochester.

The CHAIRMAN: The next thing in order is miscellaneous business. We will take that up now, and should be glad to hear from any superintendents who have anything to bring up under that order.

Dr. MACY: I have a matter I would like to bring up at the request of some of the people at our hospital. Certain of the employees find the wearing of the Bishop collar of the women's uniforms disagreeable in very warm weather. We have temporized to some extent in order to find some form of collar which would be more appropriate than some of the devices utilized, such as lace collars, etc. I took the matter up with Dr. Hutchings, who suggested I ask the Conference for permission to have some change made for the present season, that the superintendents be authorized to make any change in collar and length of sleeve which in their judgment serves the purpose. I have two photographs I had run off by our photographer to show what we have used at Kings Park. It simply shows a neat, turn-over collar which can be supported by a band under the material of the waist so that it can be left open down to the first button. That does not allow for too low a neck and at the same time allows for the comfort of the individual. If this was left to the superintendents it would be pleasing to the employees of the institution. In the wards, as it is now, wherever the duties are arduous, as in cooking and laundry

work for instance, the tendency is to unbutton the collar and let it hang from the back of the neck and trailing down the back. It is not very attractive. The sleeve is satisfactory for our hospital because it is arranged with button to roll it up above the elbow. They take it down when they are through with the heavy work, and they look as well as ever.

I offer as a motion, that the superintendents be authorized to make any change in collar and length of sleeve which in their judgment will serve the purpose best.

Dr. Macy's motion was seconded by Dr. Ashley.

Dr. HUTCHINGS: Dr. Macy has referred to me in his presentation of the subject for the reason I was chairman of the committee on uniforms appointed a couple of years ago, which proposed the uniforms now in use. This committee, however, was discharged at a meeting held in Buffalo when the report was adopted, and it no longer exists. However, being desirous of helping Dr. Macy or anyone who appeals to me, I made the suggestion which he has followed for the reason that the time is so short now, for this relief is needed at once and before a committee could get together and consider the subject. I would wish to have it apply only to the present summer, and I would make an amendment or make the suggestion to the chair that before another year a committee should consider this matter and adopt some summer uniform, which has not heretofore been done, in order that it may be uniform throughout the State. I think to make variations in uniform will result finally in it ceasing to be a uniform at all.

The CHAIRMAN: You have heard that amendment suggested by Dr. Hutchings, that it apply to this year only.

Dr. MACY: That is my own suggestion.

Dr. HUTCHINGS: My amendment was that a committee be appointed or some provision made for adopting a uniform arrangement of collar before next summer.

Dr. MACY: I would like to ask whether that committee on uniforms was not continued and whether it would not properly consider this.

Commissioner MAY: It was not continued. One member is not in the State service at the present time.

The CHAIRMAN: Will you accept Dr. Hutchings' amendment?

Dr. MACY: Yes.

The CHAIRMAN: You have heard the motion of Dr. Macy as amended. Are there any amendments or remarks; if not I shall call for the vote.

Dr. Macy's motion as amended by Dr. Hutchings was adopted by the Conference.

I will appoint as a committee on uniforms, Dr. Hutchings, chairman, Miss Ella B. Kurtz, principal of training school, Manhattan State Hospital, Miss Agnes M. Valley, principal of training school, Middletown State Homeopathic Hospital.

The CHAIRMAN: I shall appoint as the four members of the Boards of Managers to become members of, and act with, the committee on legislation to take charge of the proposed Constitutional Amendment, the following: Mr. Alexander McKinny, of Brooklyn, a member of the Kings Park Board, Mr. Fred J. Manro, of Auburn, a member of the Willard Board, Mr. Henry R. Chittick, of Brooklyn, a member of the Long Island Board, Hon. J. C. R. Taylor, of Middletown, a member of the Middletown Board.

Dr. MABON: I would like to ask the members of that committee whether they could meet in New York, Monday morning at No. 30 East 42nd St., in the new offices of the State Hospital Commission, room 409. As chairman of that committee I would announce that we expect to have a conference with the sub-committee of the State Charities Aid Association and will communicate with the committee the results of that conference.

The CHAIRMAN: One thing I neglected to say with reference to the bill passed in relation to wages of hospital employees, which however I presume everyone knows, is that the amendment simply restores the law relating to the payment of wages, fixing the wages, to the same condition in which it was two years ago, or before the amendment of 1913. It does not make any change, it simply puts it back where it was before the Labor Law was amended in 1913.

I would like to ask Dr. Mabon, chairman of the legislative committee, if he has anything to report in relation to the bills passed or now before the Governor.

Mr. MABON : The Commission arranged for a conference between the Governor and myself to-day in reference to certain appropriation bills. The Governor was very busy at another hearing and referred me to his private secretary. We went over the items which had been agreed upon for elimination in the appropriation bill so as to save the \$150,000 emergency moneys. The items amount to \$103,000; it seems necessary to make a concession so that this matter can be adjusted. As an emergency matter we should always have this fund, as we have had heretofore, whereas if it is eliminated this year it is a question whether it can be restored without great difficulty. With Mr. Parkhurst I took up the matter of the Mohansic State Hospital and it looks very favorable for the approval of the measure. Mr. Parkhurst informed the Governor that the site selected saved the State \$300,000. He further told the Governor we could not get a new site at anywhere near the cost of the Mohansic site, and then to get out new plans must involve further delay in relieving the overcrowding of the metropolitan district, which is a condition approaching a scandal at the present time. From what was said I gathered the Governor will approve the measure.

The CHAIRMAN : As there is no further business before the Conference I now declare it adjourned.

LEWIS M. FARRINGTON,
Secretary of the Conference.

May, 1915.

GENERAL STATISTICAL INFORMATION RELATING TO THE INSANE AND THE MANAGEMENT OF THE STATE HOSPITALS

CENSUS OF SEPTEMBER 30, 1915.

1. Property of State hospitals:

Real.....	\$33,109,864.57
Personal.....	3,026,088.89
Total.....	<hr/> \$36,135,953.46

2. Patient population:

State hospitals including paroles.....	34,308
State hospitals, excluding paroles.....	33,133
Institutions for criminal insane.....	1,351
Licensed institutions.....	1,005
Total, including paroles.....	<hr/> 36,664

Average daily population of State hospitals during year, excluding paroles. 32,555

Average daily number on parole during year..... 1,280

Patients on parole at end of year..... 1,175

Increase in daily average population over 1914:

Including paroles.....	698
Excluding paroles.....	559

3. Capacity and overcrowding:

Capacity	27,840
Overcrowding:	
Number	6,468
Per cent.....	23.2

4. Medical service:

Superintendents	14
First assistant physicians.....	16
Senior assistant physicians.....	51
Assistant physicians.....	56
Women physicians.....	18
Medical internes.....	22
Total.....	<hr/> 177

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 194
Excluding superintendents.....	1 to 210
Excluding superintendents and internes	1 to 243

5. Employees:

All employees.....	6,246
Nurses and attendants.	3,985
Ratio of all employees to patients.....	1 to 5.49
Ratio of nurses and attendants to patients....	1 to 8.61

6. Aliens and non-residents:

Aliens deported during last fiscal year..	490
Non-residents removed last fiscal year..	304

Aliens in hospitals, September 30, 1915:

Number	9,208
Per cent of patient population	26.8

7. Financial:

Total expenditures for maintenance.....	\$6,865,385.98
Per capita expenditures for maintenance.....	210.89
Special fund expenditures.....	734,699.85
Receipts from private and reimbursing patients.	495,461.40
Value of farm and garden products of last fiscal year.....	419,943.52
Value of manufactured products.....	332,216.50

MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE YEAR ENDING SEPTEMBER 30, 1915 AS REPORTED
BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING AT CLOSE OF YEAR.

HOSPITAL	ADMISSIONS				DISCHARGES								OVER-CROWDING				
	Census Oct. 1, 1914	First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census Sept. 30, 1915	Certified Capacity	Number	Per cent
Utica.....	1,492	351	81	164	598	93	31	73	32	13	137	20	399	1,631	1,382	399	22.4
Willard.....	2,391	231	60	109	400	72	13	31	13	...	196	11	335	2,455	2,015	440	21.8
Hudson River....	3,131	512	127	127	765	96	45	57	35	16	277	10	536	3,361	2,800	561	20.0
Middletown.....	2,033	174	77	161	412	85	10	28	16	8	121	10	278	2,167	1,985	182	9.2
Buffalo.....	2,095	330	97	17	444	94	49	53	19	7	168	7	397	2,112	1,704	438	25.7
Binghamton.....	2,410	190	85	117	392	62	32	51	13	19	208	8	393	2,409	2,110	299	14.2
St. Lawrence.....	2,018	311	74	47	435	78	35	53	32	14	138	1	351	2,132	1,776	356	20.0
Rochester.....	1,560	267	101	29	397	69	44	75	23	...	163	10	384	1,573	1,293	275	21.2
Gowanda.....	1,170	149	58	32	259	64	6	56	12	3	60	6	207	1,222	998	224	22.4
Mohansic.....	61	...	...	8	8	...	...	1	...	...	...	7	8	64	54	10	18.5
Kings Park.....	4,262	774	256	177	1,297	214	155	161	69	15	351	59	1,034	4,445	3,397	1,048	30.9
Long Island.....	817	370	64	56	499	140	43	28	20	4	162	90	487	820	637	183	28.7
Manhattan.....	5,004	1,214	363	114	1,691	258	143	180	133	12	600	418	1,744	4,931	3,697	1,234	35.0
Central Islip.....	4,880	1,326	287	91	1,704	251	163	179	92	9	455	559	1,708	4,816	4,017	859	21.4
Total.....	33,357	6,204	1,730	1,269	9,203	1,576	769	1,026	569	120	3,036	1,216	8,252	34,308	27,840	6,468	23.2

THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

ANDREW D. MORGAN,
JAMES V. MAY, M. D.,
FREDERICK A. HIGGINS, } Commissioners

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HON. FREDERICK A. HIGGINS APPOINTED STATE HOSPITAL COMMISSIONER.

Hon. Frederick A. Higgins of New York City was appointed State Hospital Commissioner by Governor Whitman on February 7, 1916. The position had been vacant since the death of Commissioner Friday, which occurred on November 4, 1915.

Mr. Higgins was born in Geneva, N. Y., August 4, 1871. When eleven years of age he removed with his parents to Ticonderoga, N. Y., where he remained for several years. In 1888 and 1889 he served as page in the State Senate having been appointed from the then Nineteenth Senatorial District comprising the counties of Clinton, Essex and Warren. Later he removed to New York City where he engaged in business. In the fall of 1909 he was elected Assemblyman from the Twenty-third Assembly District of New York County.

During the legislative session of 1910, Mr. Higgins served on the assembly committees of taxation and retrenchment, military affairs, and Indian affairs.

In 1910 he was re-elected to the Assembly, and during the session of 1911, served on the committee on taxation and retrenchment.

During the administration of President Taft Mr. Higgins was appointed Appraiser for the Port of New York and continued to hold the office during the first year of President Wilson's administration.

Mr. Higgins is a member of the Sterling Republican Club of New York City, of the Republican Club of Twenty-third Assembly District of the County of New York, and of the Republican County Committee of the County of New York.

LIST OF BILLS INTRODUCED IN SENATE AND
ASSEMBLY AFFECTING THE STATE
HOSPITAL DEPARTMENT.

IN SENATE.

No. 36. By Mr. Bennett.—Concurrent resolution repealing sections 1, 2, 3, 4, 6 and 7 of article 5 of the Constitution, and adding a new article 5, reorganizing all the civil departments of the State government. The resolution provides for a department of charities and corrections headed by a secretary of charities and corrections. Referred to Judiciary Committee.

No. 37. By Mr. Bennett.—Concurrent resolution amending section 11, article 8 of the Constitution by providing that the management and fiscal control of State hospitals for the insane, "not including institutions for criminals or convicts," shall remain in the State Commission in Lunacy, except in so far as such management may now or hereafter be delegated by the legislature to the local boards of managers. Referred to Judiciary Committee.

No. 59. By Mr. Wagner.—Adding new section 88 to the Public Health Law, providing that hereafter no institution for the care of mental or other diseases or for correctional or charitable purposes shall be located or constructed by the State or any municipal or other corporation or person upon any territory within the Croton watershed. Referred to Finance Committee.

No. 60. By Mr. Wagner.—Abolishing the Mohansic State Hospital, providing for the sale of the site thereof, and providing for the selection of a site for a new State hospital in the southern portion of the State within reasonable distance of New York City, but not within the Croton watershed, and appropriating \$200,000. Referred to Finance Committee.

No. 119. By Mr. Walters.—Abolishing the Mohansic State Hospital and providing for the sale of the site thereof. (Same as A. 85.) Referred to Finance Committee.

No. 190. By Mr. Wicks.—Adding new section 1250-a to Penal Law, making it a misdemeanor to entice inmates from public institutions, or to assist them in escaping. (Same as A. 257.) Referred to Codes Committee.

No. 193. By Mr. Wagner.—Adding new section 88 to Public Health Law, providing that hereafter no institution for the care of mental or other diseases or for correctionable or charitable purposes shall be located or constructed or located upon or in any territory drained by streams or tributaries of streams used by the city of New York for water supply purposes, and relative to who may restrain the construction or maintenance of such institutions. Referred to Public Health Committee.

No. 312. By Mr. Argetsinger.—Amending section 41, State Finance Law, by providing that when a law requires or permits money to be advanced from the State treasury upon monthly or quarterly estimates, or otherwise, to the managing officer of a State institution for maintenance or operation of the institution, it shall be limited in its application to advances authorized for certain purposes mentioned. Payments from the State treasury on account of services, material or contract is prohibited until the services or material has been rendered or furnished and the claims therefor audited by the Comptroller. (Same as A. 411.) Referred to Finance Committee.

No. 355. By Mr. Slater.—Amending section 1, chapter 713, Laws of 1915, by providing for the construction of a trunk sewer from the Mohansic State Hospital grounds at Yorktown to the Hudson River, of sufficient dimensions to meet the needs of the hospital and of the New York State Training School for Boys, plans therefor to be approved by the State Commissioner of Health. (Same as A. 407.) Referred to Finance Committee.

No. 394. By Mr. Whitney.—Adding new article 8a to State Charities Law, providing for the establishing of clearing houses for the mentally deficient, to examine and diagnose cases of persons suspected of being mentally deficient which may be brought to their notice or committed to their care for examination and diagnosis and to make scientific

investigations into the causes of mental deficiency. Seven citizens appointed pursuant to section 51 are to constitute the board of managers of State clearing houses for mental defectives. \$10,000 is appropriated. (Same as A. 538.) Referred to Finance Committee.

No. 213. By Mr. G. L. Thompson.—Amending section 50, Insanity Law, by providing that firemen firing boilers of over 300 horse power, eight hour shifts, in State hospitals, shall receive a salary of \$75 per month, but shall not receive any of the other allowances provided for in the section for employees boarding and lodging away from the hospital. (Same as A. 339.) Referred to Judiciary Committee.

No. 324. By Mr. Argetsinger.—Making the fiscal year of the State end June 30th, instead of September 30th, and making corresponding changes. (Same as A. 424. Referred to Finance Committee.

IN ASSEMBLY.

No. 85. By Mr. Alder.—Same as S. 119. Referred to Ways and Means Committee.

No. 257. By Mr. G. T. Davis.—Same as S. 190. Referred to Codes Committee.

No. 392. By Mr. Murphy.—Same as S. 213. Referred to Ways and Means Committee.

No. 407. By Mr. Hopkins.—Same as S. 355. Referred to Ways and Means Committee.

No. 281. By Mr. Maier.—Annual appropriation bill. (Follows Governor's budget.) Referred to Ways and Means Committee.

No. 411. By Mr. Adler.—Same as S. 312. Referred to Ways and Means Committee.

No. 424. By Mr. Adler.—Same as S. 324. Referred to Ways and Means Committee.

No. 438. By Mr. Wheeler.—Same as S. 394. Referred to Ways and Means Committee.

MINUTES OF QUARTERLY CONFERENCE

SEPTEMBER 22, 1915

Minutes of Quarterly Conference of the State Hospital Commission with the managers and superintendents of the State hospitals, held at the Capitol in Albany, September 22, 1915.

Present—

Commissioners MORGAN, MAY and FRIDAY.

WALTER G. RYON, M. D., Medical Inspector for the State Hospital Commission.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent.

Hudson River State Hospital, CHARLES W. PILGRIM, M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent.

Kings Park State Hospital, WM. AUSTIN MACY, M. D., Medical Superintendent.

Long Island State Hospital, ELBERT M. SOMERS, M. D., Medical Superintendent.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. SMITH, M. D., Medical Superintendent.

Mohansic State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Dannemora State Hospital, CHARLES H. NORTH, M. D., Medical Superintendent.

AUGUST HOCH, M. D., Director of the Psychiatric Institute.

CHRISTOPHER J. PATTERSON, M. D., Physician in Charge, Marshall Sanitarium.

CHARLES B. DIX, M. E., Inspector of Buildings and Engineering for the State Hospital Commission.

MICHAEL OSNATO, M. D., Medical Deputy in Charge of the Bureau of Deportation.

HARRY B. WINTERS, Deputy Commissioner of Agriculture.

Mr. FRED J. MANRO, Manager of the Willard State Hospital.

Mr. FRANK B. LOWN and Mr. E. LYMAN BROWN, Managers of the Hudson River State Hospital.

Mr. WILLIAM H. ROGERS, Manager of the Middletown State Homeopathic Hospital.

Mr. MERRITT J. CORBETT, Mrs. ANNIE DEVEREUX MILLS and Mr. WILLIAM H. HECOX, Managers of the Binghamton State Hospital.

Mr. MATTHEW C. RANSOM, Mrs. MARY S. GOODALE and Dr. R. LEIGHTON LEAK, Managers of the St. Lawrence State Hospital.

Dr. ALICE M. SCHLEY and Miss LAURA K. LARMONTH, Managers of the Gowanda State Homeopathic Hospital.

Mr. CHARLES E. TEALE and the Very Rev. JOHN C. YORK, Managers of the Kings Park State Hospital.

Dr. WHITMAN V. WHITE and Mr. CHARLES V. FORNES, Managers of the Manhattan State Hospital.

Mr. JAMES MCGREGOR SMITH, Rev. WILLIAM GARTH and Mr. ROBERT C. HIBBARD, Managers of the Central Islip State Hospital.

Dr. WILLIAM D. GRANGER and Mr. SEABURY C. MASTICK, Managers of the Mohansic State Hospital.

Miss AGNES M. VALLEY, Superintendent of Nurses, Middletown State Homeopathic Hospital.

Miss ELLA B. KURTZ, Principal of the Training School of the Manhattan State Hospital.

The CHAIRMAN: It is an unusual privilege and pleasure to have so many members of the Boards of Managers with us at this quarterly conference.

The first number on the programme is "The Development of Agriculture at the State Hospitals," by Mr. Harry B. Winters, Deputy Commissioner of Agriculture.

Mr. WINTERS: Mr. Chairman, ladies and gentlemen.—I want to take this occasion to thank the different institutions for the courtesy which the Department of Agriculture has received at your hands. During the last four years it has been a real pleasure to work with you and I hope that this working co-operation will continue many years to come.

DEVELOPMENT OF AGRICULTURE AT THE STATE HOSPITALS.

BY HARRY B. WINTERS,
Deputy Commissioner of Agriculture.

A good many years ago Dr. Liberty Hyde Bailey in one of his interesting talks said: "Water your garden with the garden rake." A listener addressed a letter to the Doctor, asking what was meant by it, and this was the full reply: "Think it over." He did think it over and it is now a well-known fact that cultivation changes the capillary attraction of the soil and conserves moisture.

Mr. George H. Walker, president of the splendid Walker-Gordon Farms, in a recent address at Atlantic City, said: "At one time in our business history we purchased for several years practically all of our hay in Canada, paying \$3.50 per ton for duty and \$3.50 per ton for transportation, while the dealer's price delivered at our railway station was \$15 a ton. Only about one-half of the cost went to the producer and this indicated to me the possibility that we could raise the hay on our own farms at as low a cost as it could be raised anywhere and save at least the cost of transportation. We are now raising about two thousand tons of alfalfa hay in New Jersey each year, enough to feed all of our cows both in New Jersey and in Massachusetts, and the saving on freight rates alone is sufficient to pay a fair dividend on the capital stock of our company. We are now seeding our land to alfalfa on our Massachusetts farm and attempting to save the transportation cost from New Jersey to Massachusetts, and I am sure we shall succeed in doing so."

The State of New York now owns forty-two farms, containing 24,164 acres. The twenty farms connected with the charitable institutions contain 10,012 acres: the fourteen farms connected with the State hospitals contain 10,256 acres; the eight farms connected with the prisons contain 3,896 acres. These forty-two institutions have a population of 54,906. The total farm investment is \$2,670,082. The

total profit for the year ending September 30, 1914, was \$318,053. Interest on the investment at five per cent amounted to \$133,509. The profits with five per cent interest deducted amounted to \$184,544. Rate of profit made by all the farms as a total 14.3 per cent. The greatest rate of profit made by any farm was 34.8 per cent. The greatest rate of loss made by any farm was 6.6 per cent; this loss was caused by hog cholera and fire. The greatest farmer in the State of New York is the State of New York.

PROFIT AND LOSS ON STATE INSTITUTION FARMS.

	Profit.
1 Industry.....	\$34,339
2 Willard.....	27,850
3 Ogdensburg.....	26,014
4 Binghamton.....	23,196
5 Matteawan.....	23,100
6 Rome.....	21,902
7 Poughkeepsie.....	20,846
8 Utica.....	14,113
9 Sonyea.....	13,404
10 Central Islip.....	12,813
11 Ward's Island.....	12,200
12 Gowanda.....	10,232
13 Comstock.....	8,588
14 Rochester.....	8,405
15 Middletown.....	6,282
16 Buffalo.....	6,099
17 Dannemora (Prison).....	5,412
18 Iroquois.....	4,959
19 Kings Park.....	4,634
20 Thiells.....	3,992
21 Bedford.....	3,741
22 Brooklyn.....	3,543
23 Valatie.....	3,368
24 Oxford.....	2,905
25 Dannemora (Hospital).....	2,876
26 Elmira.....	2,720
27 Newark.....	1,866
28 Hudson.....	1,773
29 Mohansic.....	1,612
30 Yorktown Heights.....	1,516
31 Napanoch.....	1,305
32 Syracuse.....	1,098

33	Albion	1,065	
34	Batavia	998	
35	West Haverstraw.....	637	
36	Raybrook	496	
37	Randall's Island.....	277	\$320,176
<hr/>			
38	Bath	Loss from fire and hog cholera.....	\$2,123
<hr/>			
	Total profit.....		\$318,053
39	Auburn	Report not complete.	
40	Sing Sing	Not reported.	
41	Wingdale	Report not complete.	
42	Greenhaven.	Included in Poughkeepsie.	

An interesting comparison of the year ending September 30, 1914, and the year ending September 30, 1910, might be made.

	1910	1914	Increase
Total investment.....	\$2,152,453	\$2,670,082	\$517,629
Total profit.....	202,826	318,053	115,227
Interest at 5%.....	107,622	133,509	25,887
Profits, 5% deducted.....	93,332	184,544	91,212
Rate of profit made by all farms.....	9.4%	14.3%	4.9%

It might also be profitable to notice that the farm standing number one last year was number two September 30, 1910; the farm standing number two was number four September 30, 1910; the farm standing number three was number eight September 30, 1910; the farm standing number nine was number one September 30, 1910.

A better system of farm accounting has been one of our greatest needs. Our work now is divided into six branches: (1) garden, (2) dairy, (3) swine, (4) potatoes and field crops, (5) poultry, (6) fruit. These are named in the order of profit usually found on the different farms. We are getting from each institution a debit and credit statement on each of these lines of work. This has been of great assistance in locating the losses and helping to do better farm work. We need a better statement of the field crops so that we will be sure that we are not taking credit for silage fed to cows and another credit for the milk. The only things the farm should be credited with are the

products needed by the institution that would have to be purchased if you did not have a farm—whether these products be milk for the patients, hay for driving horses or manure for the lawns. We also need a clearer statement of the farm products bought. These purchased products are our future markets and deserve careful study.

With the correction of a few details in these farm reports, I believe they will become the foundation for our recommendations to you in the future, and at least once each year we should come to your farms, go over the statements very carefully with you and together lay out the work for the coming year. This should be done thoroughly, whether it takes a few hours or a week.

I believe we have made real progress in this work, but we are only scratching the surface after all and could do better. We have been trying to send you experts from time to time on the garden, the dairy, the swine and the different branches of your work. Some of those experts should be giving their entire time, as we have many important problems to solve. It would often be very profitable if we could send a man to certain farms to study their dairy problems for a week or so. This would not only be valuable to the institutions, but would be valuable to the State at large.

Let me name some of the important things necessary if we are to increase the prosperity of our State hospital farms:

- GARDEN— An abundant supply of well-rotted manure;
Overhead irrigation for some important crops.
- DAIRY— Weigh milk from every cow;
Keep accurate records;
Milking heavy milkers more than twice a day;
An ample supply of succulent fodder when pasture is short;
Feed one pound of grain for three pounds of milk.
- SWINE— Run swine on four or five fields;
Alternate pasture crops on these fields to keep them clean;
More hospitals should keep swine;
Render bones into hog feed.

POTATOES—Plow under clover sod;
Spray frequently.

FIELD

CROPS—Use short rotations and plow under clover sod;
Use lime when seeding down;
Top dress new seeding with stable manure.

FRUIT—Spray frequently;
Cultivate orchards;
Grow cover crops.

POULTRY—Let poultry run in four fields;
Grow corn, oats, clover and mixed grains in
these fields.

If these simple rules were followed on all State institution farms, their profits would be greatly increased.

Now, what are the opportunities ahead of us in this work? We have in these institutions 54,906 people. They are using about 30,198 quarts of milk or 755 cans, daily. The freight on this milk would amount to about \$241.60 daily or \$88,184 each year. Adding the dealers' profits to this, we can readily see that a tremendous saving could be made at nearly all of our institutions by producing our own milk. There is no reason in the world why we can not produce it as cheaply as the average farmer. We not only can do so as cheaply but we can produce it a great deal better. I am sorry to say that the milk purchased by the State is largely bought of the lowest bidder and the quality would probably score not far from 65. The quality of the milk produced on the State institution farms as a whole would score very high—probably in the neighborhood of 95—and I believe there is real economy in the use of good milk.

We are using over 200,000 bushels of potatoes each year in these institutions. The freight would amount to about \$20,000 and the dealers' profits to as much more, which could be saved by home production. We are buying a million dollars worth of meat a year and one thousand dollars worth of butter every day. Most of these products could be produced on our own farms with profit.

I have frequently been asked why the per capita cost

was lower at some institutions with comparatively small amounts of land than at others having large farms. The question, it seems to me, is a fair and important one. I am unable to answer it. In making comparisons at institutions, care should be taken not to select hospitals with a new farm. New farms, as a rule, are poorly equipped. It often takes years to build them up and profits may largely go back into this building-up process.

Sometimes the State's system of handling these farms is not the best. For instance, at one new farm recently sufficient grass seed was not furnished to seed the ground properly. Farms can not be made profitable in that way. This new farm should be equipped as a dairy farm and the site will become a great profit to the State.

I predict that the low per capita cost, all things considered, will in the future go to the large hospital with a large, well-equipped farm. These farms may not necessarily join the hospital grounds, but will be within reasonable transportation distance.

DISCUSSION

Dr. PILGRIM: Mr. Chairman.—I want to express my own appreciation of the great assistance Mr. Winters has been to us in Poughkeepsie. We are trying to run in connection with the hospital a farm which is sixteen miles from our institution, and Mr. Winters has been of the utmost assistance to us. Whenever we are in trouble in regard to any agricultural problem, we send for Mr. Winters and always get relief.

Dr. MABON: I wish to thank Mr. Winters for his paper, and at the same time to make a plea for overhead irrigation. At our institution we have sixty acres for our garden. We have to get as much as possible from that land. In hot, dry seasons we get less than in seasons with plenty of rain. In view of the fact that Mr. Winters is Deputy Commissioner of Agriculture, and has made the statement that overhead irrigation pays, it seems to me that all garden lands should have a certain amount of its area thus equipped.

Dr. WAGNER: I would like to express the obligation the Binghamton State Hospital is under to Mr. Winters for advice extending over a period of years in the conduct of a very large farm. We have kept in close touch with the Department of Agriculture. Mr. Winters has repeatedly visited our institution and our steward is in constant touch with him. This past summer we have had too much *overhead* irrigation. Nearly all of the farm was threatened at one time with annihilation on account of floods. For several years past we have had under contemplation the installation of an irrigating outfit in connection with some fifty acres of garden lands, and I believe that in dry seasons we would obtain much larger and better crops if we have an artificial irrigation system installed. I hope some provision of that kind may be made for our gardens.

Dr. PILGRIM: We have on our Board at Poughkeepsie, a practical farmer; a man who has devoted his life to the work and who is very much interested in the farms of Dutchess County. I am sure he has something valuable to add. I refer to Mr. E. Lyman Brown.

Mr. BROWN: Mr. Chairman—Dr. Pilgrim is trying to get me into trouble. I am a sort of a proxy farmer on the side. I am interested, however, in our farm at Poughkeepsie and I frequently talk with our steward with reference to the farm work. In fact, I am more interested in that branch of our large department there than in any other. We have, as Dr. Pilgrim has told you, a farm which belongs to the State of New York, which was bought for tramp farm purposes, and for several years we have cultivated portions of that large acreage, and I think to splendid advantage. Of course, it is rather remote from the institution and is not real easy of access, yet with that handicap we think we have made substantial progress over there, and have shown very good results. I am sure we are under very great obligations to the Department of Agriculture for its assistance and advice, and in the future we shall avail ourselves of the opportunity of discussing our problems with the Department of Agriculture, and we hope to attain still greater results.

The CHAIRMAN: I understand from Deputy Commissioner Winters that if any of the superintendents or stewards who are here have met with problems they have not yet been able to solve satisfactorily, he would be glad to hear from them. A discussion of that kind might be profitable, not only to the man who has met with the problem, but to others. If there are any such questions, ask Mr. Winters about them.

Dr. HARRIS: I feel very much benefited and appreciate the talk given us by Mr. Winters. The Mohansic State Hospital has been co-operating with the Department of Agriculture ever since the place was bought. The question of the proper handling of the dairy seems very important to the hospitals at large. Of course, Mohansic has raised all the milk and butter for its people ever since it was established. As to what amount of acreage per patient should be in the hospital farm for the proper care of the dairy, and furnishing of the institution with milk and butter, is, it seems to me, a very important item.

Mr. WINTERS: I do not know that I could tell you exactly. I have an idea somewhere around an acre per capita of population, that is, of actual tilled land. They have something over that at Industry. They are making all the milk, butter and cheese they use and great deal of their beef. These combinations work together. There is no question at all but what we are merely scratching the surface in farming. Farming has not been a thinking profession. A few men have been doing it for a few years, but farming to-day is the greatest business opportunity in America. There is no question about it. A lot of men who are successful farmers are getting this attitude very fast and I do not know of any opportunity in the world better than you have on these institution farms. You read in the papers that the producer gets only 35 per cent of the consumer's dollars. That may be stretched a little, but there is a good deal of truth in it. If you produce on the farm more than you can use, see that other hospitals get it; get something from them. That will not only help you, but also help your per capita cost. You are working on a scien-

tific basis. This is an effort to save and one of the things I point out, is the tremendous cost of freight charges. The dealer's profits is another large item. Besides, you know when you handle a potato three or four times you have not got so good a potato and you have lost something. You have the opportunity of being the greatest farmers in the State. The difficulty is, I am going to speak frankly, you are busy men; you are big men as a rule. These institutions are doing something else. We have not the time needed in order to give attention to this department. We should have to-day in our department six of the biggest men in farm lines in the country. The best gardener, dairyman, swineman, potato and field crop man, fruit man, and poultry man. They ought to go to these institutions of the State and help work out these big problems.

Mr. BROWN: I have listened to Mr. Winters' paper on institution farming with a great deal of interest. I note that one of our institution farms was unable to have its requisition honored for grass seed which probably meant a great loss to the institution. The chances are the labor expended in the preparation of the seed bed was practically wasted and resulted in discouragement to the farmer. And indeed it was a penny-wise and pound-foolish proposition. My contention is that requisitions for necessities for our institution farms ought to be passed upon by an expert like Mr. Winters. The practice of plowing under clover to enrich the soil is generally commended but in order to do this we must have seed in sufficient quantities to enable us to get good results.

I am intensely interested in the farms at our hospital (Hudson River State Hospital) and we are indebted to Mr. Winters for many valuable suggestions and we appreciate his efforts to be of material assistance to us in the working out of our problems.

I am also interested in properly fencing the farms at our institution. The apology for fences which we have are dilapidated stone walls and are not only unsightly but absolutely useless in their present condition. We have tried repeatedly to get appropriations from the State to relay these fences but without result.

In this respect I think the State ought to set an example to its neighbors in maintaining proper fences thereby adding very materially to the value of its own property and encouraging adjacent property owners to do likewise.

Mr. WINTERS: I am glad to hear that. However, when you speak of the Commission, it reminds me of a little incident that happened a couple of years ago. I came up here one day trying to get some money to do certain things on a certain farm. The Commissioner listened very carefully for a long time. He said: "If I had the money I would draw my own check. The State has not the money." I have not worked any harder than the State Hospital Commission in making these farms a success. The difficulty is to get the money. I was asked to make a certain trip with certain legislators and going along on the train, you know how quietly you can lead up to these things, he said to me: "Why have you not come up here to tell us about this." "Well," I replied, "you are a pretty busy man and you would not listen to me if I did. The fact is just this. I would rather take my chance to come up to you people and ask for \$100,000 to buy butter, than to come up and ask you for \$85,000 for the necessary equipment to make butter. In the first place, you would say you must have butter. In the second place you would say we can not produce \$100,000 worth of butter for \$85,000. I will take my chances on getting \$100,000 out of you for butter rather than \$85,000 for farm equipment."

Dr. WAGNER: I would like to ask one question which we regard as important, and have never been able to settle in our own minds; *i. e.*, the quality of seed. When we estimate for grass seed for instance, we base our estimate on prices given by a seed cleaner of the city of Binghamton who furnishes as nearly perfectly clean timothy, alfalfa and clover seed as can be produced. The estimate comes back cut a little in price. We can buy seed that is 99.95 per cent clean, or we can buy seed that is 99.85 per cent clean or 99.65 per cent clean. The question is are we justified in paying a dollar a bushel more for timothy seed for instance, that is 99.95 per cent pure which is almost perfect when we

could buy similar seed for a dollar a bushel less which is 99.85 per cent or 99.75 per cent pure. Is the additional advantage to the farmer with the high grade seed sufficient to justify the higher price or not? The same thing applies to other seeds, of course, but it is particularly noticeable in the grass seeds because some feel that you are so near perfection with 99.75 per cent seed you should not ask anything more. Yet the price for the best seed will be a dollar a bushel or perhaps more, higher. With that very small difference in percentage of purity, I would like Mr. Winters to tell us whether the higher grade seed justifies the price on account of the freedom of the meadows from weeds and other objectionable growths we do not want.

Mr. WINTERS: That is a rather difficult question. In the first place Dr. Wagner mentions very high grade seeds. Any seeds scoring above 99 per cent are good seeds on the average farm. I would say that for timothy seed, I would not pay a dollar more for 99.95 per cent seed than for 99.85 or 99.75 per cent. I might do so, however, if I were interested in trying for a high class line of work. For instance; if you were breeding some timothy or interested in producing your own seed, the relative price paid for the first bushel would not amount to very much. It depends a great deal on what you are going to do with the seed.

You might compare this with the milk problem. You take milk for instance to-day in New York. Milk with a bacteria count no higher than 158 sells for 20 cents. The ordinary certified milk with two to three thousand bacteria count costs 15 cents a quart. If my children were normal and well, I would buy the 15 cent milk, but if I had a sick child, I would buy the very best milk I could find.

Dr. MABON: Would it be a possible thing for the State Department of Agriculture to secure appropriations for the farms? If that was done, it would be very successful. In the city of New York, the Department of Gas, Electricity and Water, supply thousands of lamps to the hospitals, and do not charge anything and they don't figure in the hospital budget. It seems to me the Department of Agriculture might very well have the legal right at least to see that the

farms are properly equipped, pass upon the quality of the seeds purchased, etc. I would like to ask Mr. Winters regarding the overhead irrigation; as to whether it is very expensive, about how much it would cost an acre.

Mr. WINTERS: There would be a good many advantages in having a bureau of State institution farms in the Department of Agriculture; a bureau properly equipped with a few trained men in it; perhaps not over three to begin with, one in gardens, one in swine and one perhaps in field crops. Those men could go to institutions and stay long enough to actually get at the bottom of the facts there; just what is needed. That is one of the great needs to-day—to really go to a place instead of staying over only a few hours, six or eight at the most. If we can secure what we believe to be an accurate farm report this year, I think the thing to do is to go to each institution and try to make arrangements with the man in charge to take sufficient time to go over the whole farm problem, outline the work for next year on the basis of what has been accomplished this year. We may take two or three days. I think we have reached a point where that should be done. There would be real merit in the plan.

So far as getting appropriations is concerned, we have only attempted to get our own appropriations. There is this to be said, however, you can do things for the Department of Agriculture and you can probably get your appropriation for the Department of Agriculture easier than we can. We might possibly get appropriations for some of the institutions easier than you could. Some of the legislators do not think very much of our talking about ourselves, but we could help each other by very close co-operation. I think if we try we can do it.

In regard to the cost of overhead irrigation; I think you could do a good deal of work with your own men perhaps, and do it well for about \$200 an acre. Do not do too much at first.

Mr. HECOX: I want to mention a little incident that happened at Binghamton. For a number of years the Binghamton State Hospital had about three places where it

used to get the manure from stables by sending teams and bringing it up to the hospital. I think that expense amounted to between two and three hundred dollars a year, perhaps a little less. A couple of years ago when the great wave of economy swept over the State of New York, they looked over this item and crossed it off. How is an institution going to raise crops for its people and stock, if you can not get money to buy fertilizer? There is a question for you.

Mr. FARNES: I am a stranger to most of you, but I am linked with you in thoughts and the desire to have the best work done in these institutions which you represent. There is an old saying that a new comer should sit quiet and listen, but I could not after listening to the address made by our Deputy Commissioner of Agriculture, Mr. Winters, refrain from making a few remarks concerning a subject which is of such great interest to the institutions. It is not only of great interest to the institutions, but it is of the greatest interest to the State and to the nation. The proper care of the farm is a subject that every government has the deepest interest in and is most anxious to solve in a profitable way. I have been for many years connected with a kindred institution. Our aim has been to make farmers of the inmates of which we have charge. The aim of the government is to encourage farming. The aim of every farmer ought to be to encourage and to understand farming. The salvation and welfare of our nation, to a great extent depends upon the successful farmer. We obtained—I am speaking of the institution with which I have been connected for many years—we obtained eight years ago in the upper part of Westchester County some 500 hundred acres of land. The land had been neglected—none of us can remember the time but history relates that the Westchester County farms were the best farms of the country a hundred years ago. We procured this land and we added to it until now we are occupying about 650 acres. We take the boys from the city institution—and it speaks well for the training those boys get there because they had all been committed to it by the courts of New York—we take them from their

home in the city, to which the courts committed them, place them upon the farm without walls you might say, and without doors, and find that these boys ranging from 12 to 15 years of age, some younger, take such interest in the work of the farm and learn to love the work on the farm to the extent that not one of them make an effort to escape. That land which you might say was entirely neglected, so that seemingly no crop could be raised, to-day has become a profitable farm. I have had experience. My boyhood days were spent on a farm. I have had the good fortune of seeing many fine farming districts not only in this country but in Europe and can state that that institution's farm compares favorably with the best I have ever seen.

How can we make our State farms profitable? It is simply by farming, as the Commissioner states, in a scientific way. How shall we teach the country how to farm in a scientific way? There is no department connected with the State which is of greater value than the Agricultural Department. There is no department connected with the national government of greater value than such department. It sends out its pamphlets throughout the country stating in what manner farming can be made profitable. On our farm at first it was very costly as you can realize on account of the poverty of the soil, but in a scientific way we have brought it up to the extent that now it returns a profit on the investment. Of course, in institutions which we are representing, we have a class of inmates which ought to be employed if they are in mental condition to do physical work, because that very work is apt to be of a curative quality and I believe farm work is most beneficial. If the institutions would enlarge their farm operations, it would not only set an example for the entire country by making farming profitable, but would send out of its institutions many more inmates improved or cured.

There is no effort that leads to greater satisfaction and can be exerted to greater profit than that of making our farmers really farmers and not mere scratchers of the soil, making a bare living.

I am glad to be connected with this work because when

we are planning to make the institution farm support its inmates, we are devoting our thought to the best advantage.

Dr. HOWARD: It seems to me the inquiries made by the Board of Managers relative to the reduction of estimates by the Commission should have a word. The managers are taking special interest in the affairs of the hospitals and certainly should not be led into any error by any hasty remarks that may be made by a disgruntled bookkeeper or even by the Superintendent of the Rochester State Hospital when he tries to explain to a manager something that he has not attended to quite right by saying that he put an item in the estimate and it was cut out by the Commission. The Commission is a very useful body to lay all sorts of responsibilities onto when a man is dealing with a politician and sometimes when dealing with a manager. It might be well for the managers to size up this problem in a broader sense than as to whether this item or that was cut out. The money should be distributed properly, 40 per cent for salaries and wages, 40 per cent for food supplies and the balance for miscellaneous items. Now, the superintendent when he looks over the expenses of his hospital for a year, may find that 45 or 50 or even a greater per cent goes for salaries and wages, and hence the funds for food supplies and miscellaneous items have got to come down or the hospital is exceeding its appropriation, which is a misdemeanor punishable by fine and imprisonment.

The legislature passes a bill giving to employees a certain sum of money for their salaries and wages, and mortgages, so to speak, that portion of the appropriation to such an extent that the superintendent and the Commission are helpless in endeavoring to do right by the food supplies and the miscellaneous items because the legislature has taken the matter out of their hands.

To size up the problem fully: don't listen to anybody who says that the item went down to the Commission and was cut out. It may have been cut out for a dozen reasons besides financial. It may not have been properly explained or have been cut out because of other reasons, and I believe I have been in the wrong many times in telling the presi-

dent of our Board of Managers that we can not have that because the Commission cut it out. If I had put it in the estimate and made it strong enough, I rather think perhaps it would have gone through the next time.

Dr. MABON: I move a vote of thanks for Mr. Winters for his interesting paper and for helpful views he has expressed here.

Dr. Mabon's motion was duly seconded and carried unanimously.

The CHAIRMAN: After the remarks of Dr. Howard on the disallowance of estimates, it hardly seems to me there is anything more for the Commission to say. I think, however, if the members of the Boards of Managers will all come forward and do what they can to help obtain the additional appropriations which the hospital department can use so well, it may be possible for them to be increased, and the farm department will surely receive its share of such increase.

We will now take up for discussion the question as to whether principals of training schools shall be designated as officers or employees, and the qualifications of the principal of the training school. If you wish, these matters may be discussed separately.

Dr. MABON: To bring the matter properly before the superintendents for discussion, I move that the principal of the training school be classified as an officer.

Dr. Mabon's motion was seconded by Dr. Hutchings.

Dr. MABON: In speaking on this motion I realize that perhaps one or two, or possibly three, principals of training schools, who are participants in the Retirement Fund, will be particularly interested, and I think they should have the same privilege as was extended to the apothecaries; *i. e.*, those who wish to remain in the Fund should be permitted to do so.

Dr. SOMERS: I would like to ask if Dr. Mabon wishes to have included in his motion the assistant principals of training schools as well?

Dr. MABON: May I restate the motion withdrawing the original motion. I move that principals and assistant prin-

cipals of training schools be classified as officers, except those who now participate in the Retirement Fund and desire to continue to do so.

Dr. Mabon's amended motion was seconded.

Dr. MABON: I would like to ask Dr. Somers a question. He has an assistant principal in charge of a school. We have an assistant principal who is a supervisor. I think it should be limited to assistant principals who are in charge of training schools.

The CHAIRMAN: Dr. Mabon's motion is that principals and assistant principals, when the latter are in charge of training schools, shall be classified as officers unless they are participants in the Retirement Fund and desire to continue as such.

Dr. HUTCHINGS: I question whether we have a right to pass such a resolution. The law says who shall be officers in State institutions and designates them by position. The law recently enacted includes apothecaries and says apothecaries and principals of training schools may be officers if designated by the Commission, but it says nothing about *assistant* principals of training schools. I raise the question as to the right we have to so designate others than those mentioned in the law.

Dr. WAGNER: I am not fully informed as to the situation in the various hospitals, but some time ago the situation in Binghamton was this, that the principal of the training school was a participant in the Retirement Fund as provided by statute. Whether this new provision of law admits of such a resolution as Dr. Mabon has offered, is not clear. It seems to me Dr. Hutchings' point is well taken and the situation should be fully understood before the passage of the resolution.

Dr. HOWARD: It does not seem to me that this question is so complicated as some of the speakers would intimate. I understand the Commission put this into the program for to-day to get an expression of opinion from the superintendents as to the matter, and that the Law provides distinctly that the Commission may decide the matter for each hospital.

Dr. HUTCHINGS: What I was pointing out was that assistant principals are not mentioned in the Law. You are right about principals. I think Dr. Mabon is in error in introducing such a resolution.

Dr. MABON: Dr. Mabon begs to say that he is not in error in the resolution. He simply brought it up for discussion.

Dr. HUTCHINGS: I will quote from the Law: "The Commission may authorize a superintendent to appoint as officers a dentist, pharmacist and a principal of a training school."

Dr. MABON: It seems to me the matter is entirely in the hands of the Commission. I understand the question was taken up at the previous conference and the Commission was to have written to each superintendent regarding the matter. It is now up again for discussion, and I think we might express the views of the superintendents.

Might it not simplify this matter to have the Commission write each superintendent and find out whether he desires, after conference with the principal of his school, to have her classified as an officer or employee.

Dr. PILGRIM: I think Dr. Mabon's suggestion would save a great deal of time. We do not understand all the opinions of the superintendents of the training schools.

Dr. HARRIS: I move the question be laid on the table until the next conference in order to get the information from the different hospitals.

Dr. Harris' motion was seconded by Dr. Mabon and was adopted by the conference.

The CHAIRMAN: The discussion which has already taken place refers entirely to the first part of the subject. There still remains the question, which might properly be discussed here to-day, of the qualifications of principals of training schools.

Dr. MABON: Mr. Chairman, I move that this information be obtained by correspondence.

Dr. Mabon's motion was duly seconded.

Commissioner MAY: I think we can get a great deal further, and do it much more rapidly, if we have an ex-

pression of opinion at this time from those present regarding the qualifications of principals of training schools. Correspondence is slow. You don't get a chance to talk back. You are all aware of the fact that we have had a great deal of difficulty in getting lists certified for principals of training schools. Several of the superintendents have been unable to get any certification from the State Civil Service Commission at all. While it seems to me the requirements are not too high, nevertheless, the results certainly must be taken into consideration. If we can not get people who are qualified to take the examination, we ought to consider the advisability and possibility of lowering the standard, slightly changing the requirements in some respects. In this event it would be desirable to have an expression of opinion at least, although we might be able to get the information by correspondence later.

Dr. MABON: My object in making that suggestion was to give the superintendents time to think it over and then discuss it at the next conference. We do not know just what the situation is to-day in regard to the qualifications; where the trouble lies and if we are asked to put ourselves on record, we will make it our duty to find out what the difficulties are.

Dr. PILGRIM: As this question is one which is settled by the Civil Service Commission, it would seem to me the way would be to appoint a committee to confer with the Civil Service Commission. We must work with them and get their approval in the matter.

Dr. WAGNER: I would just like to mention the fact that for a whole year I have been trying my best to get a principal for our training school without success. The Civil Service Commission has held two examinations during the past summer; at one fifteen candidates appeared but only six qualified; four secured immediate appointments, one went abroad and another is in the army. They held another examination two months ago with but a single candidate. I wanted that candidate but Dr. Howard offered superior inducements and so she went there. There is only one person that the Civil Service Commission can certify. She is liv-

ing in Schenectady. I was obliged to accept her, or let our training school go without a head. This morning I arranged to have her come on trial, but she can not come to us until the end of the month. I merely mention this to show the serious condition which exists. It appears to be due in part, at least, to the standard required of candidates. I had an application from a New York woman with recommendations of the highest order. I was assured by persons competent to speak, that we might consider ourselves exceedingly fortunate if we could get her to take charge of our training school, but because of a technicality, the Civil Service Commission ruled that she could not serve. That technicality was that she had not had nine months' experience in a State hospital, although she had served two years as charge nurse for the feeble-minded at Randall's Island. I think that might be considered as equivalent to the nine months' requirement in the State hospital service, but the Civil Service Commission ruled to the contrary and barred this woman's appointment. She is a very highly educated woman who I have every reason to believe would have given satisfaction. It would appear some modification should be made so that there would be more applicants and a larger list from which we might choose.

Dr. HUTCHINGS: I am quite interested in this subject and I think I know exactly what concession we could make and get a great number of desirable applicants. That would be to let down our requirements of experience in the care of the insane. There are only two courses which we can follow; one will be to accept graduates of the best schools of the general hospitals who are without experience, but of sufficient intelligence to acquire rapidly special knowledge which they must have in order to be successful in our institutions; the other method will be to have patience and get along as best we can for a few years until we can train up for ourselves in the State hospital training schools among the best educated of the nurses whom we are now graduating, material which will be satisfactory for our training school principals. I venture to say that five years from now there will be no such trouble as we experi-

ence at present. Each year we are turning out a number of nurses, women who have had a high school education, and who are perhaps rather young, but within a few years will make admirable principals of our schools. I should think that if the need is pressing at the present time, some modification of the length of service requirement—something along the line of the case suggested by Dr. Wagner where auxiliary experience will be accepted in the place of the nine months specified as a requisite in the care of the insane—and consider that as a temporary concession, with the expectation that within four or five years we will find any concession unnecessary. I should dislike to see the bars let down very much.

Dr. SOMERS: I think another thing is necessary to get us out of trouble. As Dr. Hutchings says, in a few years we will have more capable graduates who have received the degree of R. N. All that is required to receive the degree of R. N. is one year in high school. We insist that the principal of the training school be a high school graduate, and are thus cutting off a large number of persons who might be desirable candidates.

Dr. MABON: This matter is a most important one. Would it not be well to conduct the correspondence and obtain the information from the superintendents and present it at the conference. I for one would not be in favor of lowering the bars. I withdraw my motion that the information be obtained by correspondence.

Dr. HUTCHINGS: I move that this question be referred to the training school committee.

Dr. MABON: I offer an amendment to your motion that one principal of a training school be added to that committee.

Dr. HUTCHINGS: I accept that amendment. The motion as amended was seconded by Dr. Macy.

The CHAIRMAN: The motion of Dr. Hutchings is that this subject be referred to the training school committee and that one principal of the training school be added to that committee.

Dr. MABON: That brings up the necessity of a principal of a training school being on that committee all the time.

Dr. HUTCHINGS: I think that is a valuable suggestion. I would recommend it to the conference.

Dr. Hutchings' motion was duly adopted by the conference.

The CHAIRMAN: The next thing on the program is the report of the Committee on Rules and Regulations.

Dr. MABON: The Committee on Rules and Regulations met twice. We received a notice from the Commission to take up the subject of hours of duty and we feel that the practice is so varied at the different institutions that the committee should be enlarged, and the whole subject of time allowance should be considered. We desire to make this recommendation, however: that the words "who live in the institution" in paragraph one subdivision C of form 394 be eliminated.

I move that two additional members be appointed on the Committee on Rules and Regulations.

Dr. Mabon's motion was duly seconded and adopted by the Conference.

Dr. HOWARD: Does that include the elimination of the words "who live in the institution?"

Dr. MABON: I will make a separate motion to eliminate the words "who live in the institution."

Dr. ASHLEY: The question apparently has arisen because of the fact that one of the institutions refuses to grant the same number of days' vacation to employees who do not live in the institution as it does to those who live at the hospital. The question arises: Do we want to strike out that portion of the rule which states "employees who do not live in the institution" and grant the same vacation to all employees regardless of where they live. It seems to me, however, that this question can be definitely determined by the Committee on Rules.

Dr. MABON: The reason for taking action at this time is that the vacation season is about passing over and the institutions make make their arrangements accordingly.

Dr. PILGRIM: Is this correct; "hours of duty" or "hours off duty?" It seems to me it is rather ambiguous. Why not have this committee report on the hours of duty of firemen?

Dr. MABON: We are to go into the whole matter and take action. We make a recommendation to the Commission that this rule be changed by eliminating the words "who live in the institution" so that if the Commission approves, those entitled to vacations may have them.

We desire to have the Committee enlarged to consider the whole matter of hours off duty. This point we want you to arrange now so that those entitled to vacations can have them.

The CHAIRMAN: You have heard Dr. Mabon's motion, which is, that two members be added to this committee and that they should report on the entire subject of vacations, or the requesting of vacation time and other matters which are correlated and that the words "who live in the institution" be eliminated from the rules for the present.

Dr. WAGNER: I would like to say this, I can not see that it makes the slightest difference whether they live in or out. Those words can be omitted without invalidating the rule at all.

Dr. Mabon's motion was duly adopted by the Conference.

The CHAIRMAN: I will appoint as the two additional members on the committee, Dr. Wagner and Dr. Pilgrim.

I will also appoint as a member of the training school committee to act with them, Miss Kurtz, principal of the training school at Manhattan State Hospital.

I will now declare a recess until 2 o'clock.

AFTERNOON SESSION.

The CHAIRMAN: The first number on the programme this afternoon will be a discussion of the constitutional provisions relating to the hospitals for the insane.

Commissioner FRIDAY: Until a few moments ago I thought Dr. May was going to do what I am about to try to do, but as the Doctor went over these matters before the Boards of Managers yesterday, he was a little modest about it and he did not care to do it again to-day—although I urged him to do so because the Doctor has labored hard, losing no time night or day, to further

the interests not only of the Commission, but of the hospital system, all through this troublous season of the constitutional convention. I feel he should have full credit for all the time he has put into that work.

You remember as early as May 19 last, the superintendents had a meeting at the New York office for the purpose of planning out and talking over what would be best for the interests of the hospital system in the coming convention. A plan was mapped out and a paper read at that time on the methods of administration and control, and a resolution, if you remember, was adopted at that meeting. The committee that had that in charge at that time may have been forgotten by many of you and to refresh your memory, I would say the committee consisted of Dr. William Mabon of the Manhattan State Hospital, Dr. Charles W. Pilgrim of the Hudson River State Hospital, Dr. Charles G. Wagner of the Binghamton State Hospital, Dr. William Austin Macy of the Kings Park State Hospital, Mr. Alexander McKinny of the Kings Park Board, Mr. John C. R. Taylor of the Middletown Board, Mr. Henry R. Chittick of the Long Island Board and Mr. Fred J. Manro of the Willard Board. It was the work of this committee, ladies and gentlemen, that finally brought about the culmination of what we were all so heartily interested in, in the Constitutional Convention. They took the initiative at that time and we have not departed from it in any way. We simply strengthened the position taken at that time. The various propositions submitted, and they were various and varied, show how prolific men's minds are in devising ways for the control of institutions in relation to which they have had no practical experience whatever.

While we are all gathered here together in conference, although you may know how many propositions were submitted, we thought it might be well just for the moment to stop and glance over the various propositions, out of which finally came the strong feature presented by the Committee headed by Dr. Mabon and the others mentioned.

The first suggestion was that of Mr. Wadsworth, to select one member of the Commission from each judicial district.

The proposition of Mr. Mandeville provided for a State Board of Charities and Corrections consisting of not less than nine members.

Mr. Saxe's suggestion provided for an executive council consisting of the heads of the executive and administrative members of the commissions, including the secretary of charities and corrections.

Then the singular production of Mr. Parmenter, also providing for a Department of Charities and Correction under the jurisdiction of the secretary of charities to be divided up into divisions. Under that proposition the department would be divided up into divisions: one for the care of the insane, one for the care of mental defectives, epileptics, etc., and one for the care of prisons and reformatories. I will not go into the details of this, but bring it to your attention to show how necessary it was not only for the co-operation of the superintendents, managers and friends of the institutions generally to bring to a successful consummation the line held out at the meeting in New York.

Then Mr. Hinman's usual contribution. I do not say it in any critical state of mind, nor do I say it to his detriment, but it was only one of the many propositions he has been advancing for several years past showing that he takes a strong interest in hospital matters. He provided for a State board of charities and corrections, including prisons, charitable institutions, etc.

Then, Mr. Tanner's amendment gave the secretary of charities and corrections, the management and control of the State hospitals, charitable institutions, correctional institutions and State prisons; but happily for the committee, and happily for those gathered here this afternoon, this was subsequently amended to provide that the secretary of charities and corrections should be the head of the department, and limited his power to those of inspection and supervision of these institutions, and this amendment finally culminated in the adoption of the Steinbrink proposition, which reads as follows: "The head of the department of charities and corrections shall be the secretary of charities and corrections. He shall have power of inspection and supervision

of all state charitable institutions, state hospitals for the insane, state prisons and other state correctional institutions." I think it is the intent that he will be a sort of an intermediary between the Governor and the people and keep him informed on the institutions.

The Steinbrink amendment is embodied in new Section 13, which will read: "The legislature shall provide for a state board of charities, which shall visit and inspect all institutions, whether state, county, municipal, incorporated or not incorporated, which are of a charitable, eleemosynary, correctional or reformatory character, excepting only such institutions as are hereby made subject to the visitation and inspection of either of the commissions, hereinafter mentioned, but including all reformatories except those in which adult males convicted of felony shall be confined; a state commission in lunacy in which shall *remain the management and fiscal control of the state hospitals for the insane (not including institutions for criminals or convicts) except in so far as such management may now or hereafter be delegated by the legislature to local boards of managers, and which shall* visit and inspect all institutions, either public or private, used for the care and treatment of the insane (not including institutions for epileptics or idiots); a state commission of prisons which shall visit and inspect all institutions used for the detention of sane adults charged with or convicted of crime, or detained as witnesses or debtors."

The present amendment as affecting the hospitals is made stronger by the introduction of two or three words, "management and fiscal control." You will note the Secretary of Charities and Corrections has powers of inspection and supervision. I am not quite sure as to the meaning of that, other than what I have already said, that the officer undoubtedly will be an intermediary between the Governor and the people as to the finances of the State, particularly relating to the institutions.

We owe a debt of gratitude to Mr. Steinbrink, Mr. Waterman, Mr. Allen and a whole lot of members of the convention I could mention, for the able support and complete harmony with which they aided this movement and which enables me to report progress.

Dr. MABON: I move that we go into executive session.

Dr. Mabon's motion was duly seconded and carried.

The CHAIRMAN: The conference will now go into executive session.

During the executive session on motion of Dr. Mabon, duly seconded, a vote of thanks was extended to Messrs. Steinbrink, Waterman and Wadsworth for their efforts in behalf of the hospital system. The secretary of the conference was directed to notify these gentleman of this action.

A motion was also adopted that it is the sense of this conference that the amendments to the Constitution containing the Steinbrink amendment be approved and that every effort be made to secure their adoption.

On motion duly seconded the executive session was ended.

The CHAIRMAN: The executive session is closed. The next on the programme is the discussion of the necessity of relieving the overcrowding in the metropolitan institutions. I will call first on Dr. Mabon.

Dr. MABON: It is hardly necessary to discuss the subject of the overcrowding in the metropolitan district, as the facts are well known to every one connected with the State hospital service, but the need has become so urgent for relief from this condition that it might be well to give a few figures in this connection.

In 1913, the certified capacity of the four hospitals in the metropolitan district was 11,064, whereas the population at that time was 13,143, a percentage of overcrowding of nearly 19; while for 1915 the certified capacity of the same institutions was 11,647, the population 15,296, the overcrowding 32 per cent. Putting it in another way: The accommodations during these years increased only 5.27 per cent, whereas the population increased 16.38 per cent.

The last annual report of the Manhattan State Hospital shows that the number of patients remaining on October 1, 1913, was 4,747, the capacity being 3,596. The number remaining September 30, 1914, was 5,004, the capacity being unchanged. It therefore will be seen that the hospital gained in population 257 patients for that year without any increase in accommodations, and the number in excess

of the capacity was 1,408 or 39 per cent of overcrowding. This overcrowding has not been relieved, but has been increased during the eleven months of the current fiscal year, so that it is now over 40 per cent, notwithstanding the fact that we received very few patients from the boroughs of Manhattan and the Bronx during the month of August. We received only those who were too feeble to be sent to Central Islip, where the other patients committed from these boroughs were admitted.

The admissions for August, 1914, were 161; whereas for August, 1915, there were only 53, showing 108 less than last year. If we had received our usual number of patients our overcrowding would have amounted to nearly 44 per cent.

To relieve the congestion in the hospitals of the metropolitan district a great many transfers have been made to institutions outside of the metropolitan district. In fact, during the past four years, 1,689 patients have been transferred, of whom over 1,500 were sent to up-State hospitals. In addition all the hospitals found it necessary to parole patients earlier than they naturally would, and discharged some patients about whom in less crowded institutions there would be a feeling that they should be retained.

It is interesting to note that at the Central Islip State Hospital greater accommodations have been made for men than for women, while at the Manhattan State Hospital the reverse is the case. The accommodations for men patients in the up-State hospitals are far more limited than for the women.

In speaking of the overcrowding I can do no better than quote from that part of the tenth annual report of the Manhattan State Hospital as contained in the managers' part, and which was written by Dr. Robert Abrahams, President of the Board:

"The overcrowding on the men's side is over 50 per cent and on the women's side 30 per cent.

"This unhealthy condition in the wards should not be tolerated in our proud State. It is a libel on decency and a sin against sanitary principles. No civilized community would permit such sickening overcrowding in a hospital

within its borders. Yet we appeal in vain, year in and year out, to remove this standing disgrace from an institution the largest in the State and in the country.

"In the managers' appeal to you for relief from this disease-breeding congestion, they desire to emphasize their conviction that half a loaf, such as was recently proposed, will not satisfy their appetites for greater accommodations. They feel that this overcrowding can only be removed by erecting safe and sanitary buildings, large in size and number, to meet at least present if not future conditions."

It must be borne in mind in this connection that many of the buildings used in all the hospitals of the metropolitan district are relics of the county system of care. The wooden cottages at Central Islip and Kings Park, which should have been destroyed years ago, have of necessity still to be used. The antiquated buildings at Flatbush and its deplorable outbuildings are an offense to decency, while at the Manhattan State Hospital we are compelled to use some one-story buildings which were erected more than sixty years ago for immigrants. In one of the other buildings a number of patients have to sleep above the kitchen in deplorable quarters which are unsafe and not sanitary. Day rooms have had to be used as dormitories and rooms built for sun parlors have to be occupied by patients. The buildings in the other hospitals of the State have been better planned, better arranged and better equipped.

We appreciate the desire of each hospital superintendent to receive a good class of patients, but it must be borne in mind that in the crowded hospitals of the metropolitan district the overcrowding is worse on the wards for the disturbed, the feeble and the deteriorated. It is from among this class that patients must be selected for transfer. It seems only fair, therefore, that as the State has undertaken the care of the insane that the hospitals should co-operate in relieving conditions which are most deplorable. Therefore, until suitable relief can be afforded by new and modern buildings the superintendents of the metropolitan district will have to crave the indulgence of the other superintendents in asking them to co-operate and aid in every possible way to minimize this situation.

Personally, I wish to thank the other superintendents for the arrangements recently made to relieve the overcrowded conditions. We are sending away about 400 patients. We have a population of 5,065 with a certified capacity of 3,596. We are putting up new buildings which will accommodate 350 patients. The increase will be at least 300 annually. These are the conditions which must be met and I feel we, every superintendent and manager, ought to combine with the Commission in trying to get accommodations for the insane in the metropolitan district, not only for increased room for buildings at existing hospitals but also to push forward the work on the Mohansic State Hospital.

Dr. PILGRIM: This question of transfers has recently been considered at Poughkeepsie and although we are now overcrowded to the extent of 22 per cent, I have felt that we ought to relieve the Manhattan district and I have, therefore, consented to receive 100 patients, but in looking over the figures, I found that some of the hospitals up-State were not nearly so much overcrowded as others; for instance, Middletown, 12 per cent; Binghamton, 10 per cent; Gowanda, 10 per cent; Buffalo, 26 per cent. We have 22 per cent at Hudson River and the rest average 20 per cent. I think this question of equalizing the overcrowding should be taken up by the Commission; then no one will be imposed upon.

Dr. HUTCHINGS: At Ogdensburg we have a certified capacity of 1,776, while we have in round numbers 2,100 patients. However, recognizing that our wards and buildings were less crowded than at Ward's Island, we have agreed to receive 100 patients, but in order to do that we have had to convert four day rooms into dormitories. We are cheerfully taking our quota of transfers from New York.

Dr. SOMERS: I would like to speak a word in relation to Long Island State Hospital. As everyone knows, the institution is very old and all of the buildings are simultaneously decaying. The situation is somewhat more serious at that institution for the reason that the patients are all housed in one building, the capacity of which is 600 and we have 26 per cent overcrowding. The greatest overcrowding is on

the women's side of the house, 33 per cent. That means something, in view of the fact that the building where the patients are housed has been condemned by the city fire department, has never been visited by the State Fire Marshal, and the fire protection through the generous co-operation of the Commission has been the result of our own efforts, that is, we have had to devise fire protection from our own point of view, without very much assistance. Another thing, the question of visiting days. Since all visitors have to come to this building—we have as high as 600 visitors in an afternoon—this means that on such days that the building is overcrowded about 78 per cent at times.

Dr. MACY: For the information of the conference I would like to say that I think conditions in the metropolitan district change more rapidly, probably, than in any of the up-State hospitals. Because I thought reference might be made to these matters I would like to say that instead of 20 per cent or thereabouts, the latest figures based on the Commission's own estimated capacity show an overcrowding at Kings Park of 30.9 per cent.

Dr. SMITH: At Central Islip the capacity of the hospital is 4,017; we have passed the line of overcrowding, and it can be called "jammed." I believe that, if some of the up-State superintendents would visit the hospital at Central Islip and then go home and go through their wards, they would feel that they have not reached the state of overcrowding that we have. I am overcrowded with women some 700, and with men some 300.

We are discharging as many as we can on parole to their friends and relatives, but, if this overcrowding continues, there will be a time when we can take only such cases as are dangerous to themselves or others.

Dr. MABON: I want to speak a word for the up-State superintendents; they have been very generous and are co-operating very nicely in this thing. I think they are entitled to great credit for what they have done to assist us in this matter.

Dr. ELLIOTT: The up-State hospitals have been helping out in the jammed condition in the metropolitan district for

a number of years. During the last five years 425 patients have been transferred to Willard from the metropolitan hospitals. At the present time 40 per cent of the 2,400 patients at Willard are from the metropolitan district.

Dr. ASHLEY: I am the superintendent of one of the smaller up-State hospitals and one of those institutions stated as having but a very small percentage of overcrowding. I am willing to concede at the outset that the metropolitan hospitals are greatly overcrowded, but I am not willing to concede that some of the up-State hospitals are not also crowded. At Middletown there are sections of wards which were originally planned as day rooms but have been used for the past twenty or more years as dormitories or infirmaries. In addition to these, we have some 200 patients occupying space on the fourth floors of the various buildings. We have received in the past half dozen years more than 700 patients on transfer from the metropolitan district and we have consented to receive 120 more as soon as they may be transferred. I understand that the delay in making this transfer is because of the lack of suitable clothing for the patients to wear when being transferred.

Commissioner FRIDAY: As I view it from the daily work of the Commission here from day by day, and the conditions we know exist, it seems to me every superintendent will have to co-operate in some way in relieving the present condition of things. We can not progress fast enough to take care of this increase of patients and these crowded conditions. The work at Mohansic is going along very slowly through no fault of the Commission, no fault of anybody, simply the cumbersome methods of getting at these things; and the sewage question has kept us back. The increase of accommodations at Ward's Island have gone on, but not as fast as Dr. Mabon would like to have them, and even if completed we would still be overcrowded. Meanwhile we will have to do the very best we can; the superintendents will have to co-operate and help us out of the situation.

Dr. PILGRIM: I would like to emphasize the point that Dr. Elliott made that up-State superintendents are very

willing to help out; whereas Dr. Hurd is crowded 26 per cent Dr. Smith is crowded only 25 per cent. We have patients sleeping on the fourth floor, in attics and in attendants' quarters; we have them sleeping in corridors, day-rooms and on the floor. I do not see why Manhattan State Hospital should receive so much sympathy when we are in exactly the same condition.

Dr. MABON: We are not asking for sympathy, but for relief. We are 44 per cent overcrowded. I appreciate the attitude of the up-State superintendents; I do not know how I could make it any plainer; but the constantly increasing number of admissions, the constant increase in the institution is there. I think a very good way to get at this thing is to appoint a committee of one up-State superintendent and one superintendent of the metropolitan district to study the whole question of metropolitan overcrowding and how relief may be obtained.

Dr. PILGRIM: I think relief can best be obtained by making additions to existing hospitals; you can do that within a year, whereas the Mohansic State Hospital will probably not be ready to receive very many patients for some time to come.

Dr. MABON: I went to the Manhattan State Hospital nine years ago and have been working day in and day out in the legislature and have been unable to get, thus far, appropriations for patients to the number of 550, and we increase 250 patients a year. We have sent about 1,500 patients to up-State hospitals. If Dr. Pilgrim can help us it will be appreciated.

Dr. PILGRIM: If every up-State hospital could get increased accommodations for two or three hundred patients relief would be immediate.

Dr. MABON: In every institution up the State the overcrowding is due to patients coming from New York, and the accommodations should be made there. It is a very difficult thing to select patients for transfer.

Dr. SOMERS: If a committee of superintendents is appointed to consider the question of overcrowding—I would suggest that it also take into consideration the fact

that there are ten or eleven wooden buildings partially plumbed or completely equipped with plumbing, at the Creedmoor branch of the Long Island State Hospital.

Dr. MABON: I would like to ask the Commission if they do not think this subject is worthy of special study?

The CHAIRMAN: I think the Commission agrees with you Doctor. They have had this matter under consideration and have given it a great deal of thought in the last year or two, and have, as far as possible, secured appropriations which are now available and which will stop the overcrowding as soon as the buildings can be erected, for at least one year to come. I presume every superintendent is familiar with the appropriations that have been made and the purposes for which they were made for this year and the year before. If the buildings now under construction are completed so that they will be able to receive patients next year, which it would seem should be the case, the situation will be materially improved.

Dr. WAGNER: Our new building is almost ready for the roof, in fact some parts are already roofed over by rough boards and by next spring we ought to be ready to put patients in. I am anticipating some difficulty about the matter of furnishing. I have called attention to that fact for the past two years for the reason that the Comptroller has ruled that money can not be used for furnishings unless especially appropriated for that purpose. Unless the matter is taken in hand at the opening of the Legislature the coming winter, we are sure to have delay in getting the furnishings.

The CHAIRMAN: I just wish to make a slight addition to what I was speaking about when I asked Dr. Wagner about his building. As soon as the new buildings in these three institutions are available, they will give accommodations for about 600 in the metropolitan district, 240 at Kings Park, and 350 at Manhattan besides the 280 at Binghamton, a total of 870, which should be available if the contract is completed some time next year. The appropriation for this year makes provisions for additional accommodations for about 500 at the Long Island State Hospital which will become available in 1917, and for 400 more at

Kings Park which probably will be ready in 1917. This ought to take care of the increase for the next two years.

Dr. MABON: One thing you can not be too optimistic about, that is, erecting buildings. We are now on the second story of a building for which an appropriation was made two years ago, which lapsed and had to be reappropriated. It is so with practically every appropriation made for new construction. From the time of the getting out of plans and the letting of contracts, it will take two to three years and appropriations have to be reappropriated in every one of these instances.

Dr. MACY: I would like to call attention to a few points relative to additional accommodations. In the first place, in regard to our being permitted to have accommodations for 400 patients. When I brought that matter to the attention of the Commission, it is true we thought we could provide two patients for one employee, but I find upon consulting the State Architect that the preliminary sketches show a shortage of 20 beds.

There is a good deal to what Dr. Mabon says, as to the necessity of having available accommodations in the metropolitan district. I think most of the superintendents feel that in a transfer from that district, patients are culled out that are not likely to be inquired about or heard from. Almost invariably we get one or more strong letters from the family or relatives of the patients and some demands that the people have a right to be heard in connection with such transfers.

Dr. SOMERS: I move that two superintendents and possibly the medical inspector be appointed a committee to make a study of the question of overcrowding in the State hospitals; that one of the superintendents be an up-State man and the other a down-State man, and that the committee be empowered to make suggestions and report to the Commission or at the next conference.

The motion was seconded by Dr. Mabon.

Dr. PILGRIM: I should like to amend the motion by stating that they be empowered to get appropriations to carry out their suggestions.

Dr. MABON: I do not think that is a bad idea. It seems to me that the Committee could get the facts together showing the present conditions and hand them to each member of the Legislature, the Governor and others in power to explain the requests for appropriations.

The motion as amended was adopted by the conference.

Commissioner MAY: I take it that your object was to have this committee ascertain how the situation can be relieved in the existing institutions with the capacity they now have.

Dr. MABON: Yes; and where future provision should be made, a survey is to be made of the institutions, perhaps with the assistance of the committee of which Dr Hoch is chairman.

The CHAIRMAN: I infer Dr. Somers included Dr. Ryon the medical inspector in his motion.

I will now call for the report of the Committee on Forms.

Dr. MABON: The Committee on Forms wishes to report progress. Within a few days each institution will be provided with three form books, one containing the forms for administration, one the forms for the stewards and one the forms for the medical department. After these forms have been gotten out by the committee, we would like to have the different superintendents meet with us and go over the matter at the time of the next conference. In other words, the committee would like to have Dr. Wagner come before it and state his reasons for special forms and the other superintendents the same, so that when we make a report we can say we have conferred with the superintendents and tried to meet the conditions. The committee does not desire to be arbitrary. It recognizes the need of special forms. There were over 2,000 forms which we have reduced to 600. This committee should meet at stated intervals and new forms proposed should be submitted to them and be clearly arranged with the other forms. Forms that were authorized years ago have never been rescinded. This will permit the clarifying of the situation and make the whole matter much simpler.

Dr. HUTCHINGS: In this connection there has been in

existence for years past, a committee on statistics and forms and I presume it was so worded because the committee appointed to consider the subject of statistics would handle and did recommend forms for the collection of statistical material. The committee has attempted to handle the form subject also, but in view of the fact that there is another committee appointed to consider the subject of forms, I make the motion that the committee on statistics and forms be relieved of its duties with reference to forms and be hereafter designated as a committee on statistics.

This motion was duly seconded and adopted by the conference.

The CHAIRMAN: The next will be a report of the Committee on Uniforms.

Dr. HUTCHINGS: Mr. Chairman, the Committee on Uniforms was asked to consider the subject of summer uniforms and report at the end of the summer when certain materials and styles should have been tried out during the warm season. The first which I will take up will be the uniform for women employees. We tried out in various hospitals a style of low collar which seems to be the only change necessary and we have agreed upon a collar which I have here in my hand to substitute for the bishop collar which was heretofore the established uniform for women nurses and employees, and we recommend its adoption. This particular style, we would designate by the name of the manufacturer although I am told all collar makers make this same style. This collar is Corliss-Coon & Company's No. S-7239. I have here two photographs showing the collar as it appears when worn. This is the only change recommended in the uniform for women.

The committee also considered the question of a summer uniform for men. This coat came from Middletown where they experimented with it at some length. It is called khaki, a very serviceable material used in the army. We believe that while it may shrink some, it shrinks very little. We have found a blue material, and have devised a somewhat military style with low standing collar and a design in braid on the sleeve. There are three advantages to this; it is cool;

it is cheap, only \$5.00 per suit; and it may be washed when necessary. This coat has been through the laundry a number of times, Dr. Ashley and Miss Valley tell me, and it appears to have shrunk none at all. This coat has been washed at least four or five times.

For service in the sick ward, we have a similar style except with white material trimmed with white braid. In every respect the same except that it is white. In some of the hospitals I believe white coats are used very extensively, but it has never been adopted as a uniform and every hospital has a variety, some like barbers' coats, some like waiters and some home made that certainly present an appearance very far from pleasing. We think if this is adopted, it will serve every purpose for which a white coat is used and will be uniform in style.

The suggestion was made at the meeting of the committee that this might be the uniform of the training school, the graduates of the training school and pupils to be dressed in white, and we have even devised a distinctive badge on the sleeve in the form of a chevron which will indicate the rank of the person. One bar would indicate a graduate of the training school, two bars would stand for supervisor and a small square inserted above the chevron would indicate charge; for instance, charge nurse, a single bar and square. That is all we have to report on the subject of uniforms.

Dr. HOWARD: I move that the report of the committee be accepted and the uniform adopted.

Dr. Howard's motion was seconded by Dr. Somers.

Dr. MABON: I appreciate the feeling that there might be need of a summer uniform. I approve the collar mentioned, but I would say no accommodations exist in our institution for an extra laundry work, and it would be utterly impossible to get our male employees in a washable uniform. We have not sufficient room or time and it would mean keeping the laundry working Sundays and evenings to get out this work. We have not sufficient accommodations now to do the laundry work and should not be compelled to add to it.

Dr. SMITH: The conditions at Central Islip are about the same as at Ward's Island, and I doubt very much if

this washable uniform goods would be very durable. I can imagine that, after washing two or three times, they would be unshapely and fail to have a uniform appearance. I know that in the laundry such uniforms would require a great deal of attention and time; particular attention would have to be given to the matter of stretching the braid, which would have a tendency to shrink. There have been no complaints by the attendants regarding the present uniforms; the buying of uniforms from other attendants has not been countenance at this hospital, though I have no doubt that it has not been done in the case of an attendant with very short service and having a new uniform. The order in this hospital is that second-hand uniforms will not pass inspection, if known.

The CHAIRMAN: I suppose one object is to have a uniform that can be laundered.

Dr. SMITH: I consider the present uniform very satisfactory; it does not have to be put through the laundry, and I see no reason why attendants should not keep their uniforms in proper condition themselves, as well as in the police and fire departments. I do not approve of any change.

Dr. SOMERS: Relative to the uniforms now used, I think one serious defect exists; that is, an attendant will wear his suit day after day, even sleep in it, and use it an entire year without having it cleaned or sponged if not compelled to do so. There is a tendency on the part of attendants upon leaving to sell their uniforms to another for a small figure, and when he leaves he in turn sells it to the next man. As a result of such practices we not infrequently have rather dirty and unhygienic uniforms around the hospital wards.

Dr. MABON: I dare say he is right, but I think superintendents where that condition exists, are responsible. I am one of them. We have got that condition, but I think we can control it. If men will not get a new uniform, make them leave the institution.

Dr. PALMER: I have had some experience with the washable uniform in that we have used for several years

white duck coats and khaki uniforms. They shrink in washing and after they have been washed several times they shrink to such an extent that the attendants look badly; I am speaking with particular reference to the coat. The trousers are not so noticeable, but the coats become very short. The doctor says this uniform of blue khaki will not shrink. Any goods that can be made into a suit of clothes will shrink. It does not seem to me that a uniform made of this particular kind of goods, dark in color, would have to be washed very often; consequently, I should think the uniform would be quite satisfactory. It need not be washed more than once or twice during the summer, in which event it probably would not shrink to a very great extent nor look very bad at any particular time, but any uniform that is to be washed frequently and by that I mean once in two or three weeks, will in a short time shrink to a point where it looks badly.

Dr. MABON: There is certain work in our laundry for women patients which can not be done now on account of lack of facilities. If any increase is made in the laundry, provision should be made for laundering the clothing of the women patients which now look very bad. I believe in first improving the appearance of the patients if we can. I don't think we should let them suffer still more by reason of additional strain put on the laundry.

I would like to make an amendment because I approve of this principle. It is a very nice looking uniform and should be adopted at those institutions where there are suitable laundry facilities.

Dr. HUTCHINGS: I should be very glad to accede to that amendment also. The subject is a new one and the Committee is not positive that the material will wash and wear as well as we believe. We have had only a slight experience with it. I would make a further suggestion that we defer adopting it officially as a conference and let each superintendent, who wishes to, adopt it for another season. The Committee has been made a standing committee and can take up this question about this time next year, and report the success the uniform has achieved in the hands of

the different laundries, and other facts, and if it proves not all expected, we will take the matter up again.

I suppose the motion to let each hospital adopt it independently is for trial, and the Committee will keep it under consideration for another year.

Dr. MABON: I agree and will second such a motion.

Dr. SOMERS: I agree that it be adopted by such superintendents as care to, for trial, and the Committee will report later upon its use.

The motion as amended relative to uniforms for men employes was duly seconded and adopted by the superintendents.

Dr. HUTCHINGS: I move that the recommendation made by the Committee with reference to the summer collar, namely, that a collar of the style known as Corliss-Coon Company's No. S-7239, be adopted as the official collar for women employees for summer use.

Dr. Hutchings' motion was duly seconded and adopted.

Dr. HUTCHINGS: I will report for the Committee on Statistics. We have held two meetings to consider the subject generally and invited to meet with us Dr. L. I. Dublin, statistician of the Metropolitan Life Insurance Company, Dr. Thomas W. Salmon of New York City and Dr. A. J. Rosanoff of Kings Park; all men who are particularly interested in the subject and we had a very good conference in New York and agreed upon a report, after hearing the views of those interested in this subject from the outside.

The Commission recently distributed to the hospitals a statement in a tabulated form, of the distribution of certain psychoses among first admissions during the year 1913-14 which presented some striking results of their work. Briefly, these were variations in the types of mental disorder admitted to the hospital in two consecutive years. For instance, in one hospital the manic-depressive group the first year constituted 13 per cent and the following year only 7 per cent of first admissions; another showed a variation from 6 per cent to 9 per cent; another from 18 per cent to 10 per cent and another from 8 per cent to 2 per cent. These are certainly very hard to explain and the Commis-

sion is unable to explain them, but we offer the suggestion that Dr. Hoch, Dr. Kirby and Dr. Ryon, the medical inspector, visit the different hospitals throughout the State and study this subject with the members of the medical staffs; believing that unless the results reported are quite accurate and observed uniformly in the various hospitals, that it is almost useless to attempt to draw serious conclusions from them. We must work with the same material and view it in the same light, and we know no way by which this can be done so well as having Dr. Hoch and others with him visit each hospital and go over these questions with the members of the medical staffs. I believe that is suggested to the Commission as something that is desirable.

A few changes were made in the cards. This will be referred to in the copy which you have. I do not think it is necessary to read this all through.

The next topic relates to some changes in the classification of mental disorders which the Committee recommends.

The modified classification is submitted herewith:

MODIFIED CLASSIFICATION OF MENTAL DISEASES SUBMITTED BY THE COMMITTEE ON STATISTICS.

1. *Traumatic psychoses.*

"We should not speak of traumatic psychoses where the trauma is merely a contributory factor in precipitating another definite mental disorder such as general paralysis, manic-depressive insanity, katatonic or paranoic deterioration without specific traumatic stigmata, or where a psychosis follows an injury not involving the brain, through shock, etc." (Meyer).

The following are the most common clinical forms:

- (a) Post-traumatic delirium.
- (b) Post-traumatic constitution (irritability, sensitiveness to alcohol, paranoid trends, hysteroid or epileptoid attacks).
- (c) Traumatic defect conditions, (aphasia, deterioration with epilepsy, mental enfeeblement, etc.).

2. *Senile psychoses.*

The clinical types most frequently met with are the following:

- (a) Simple deterioration (of memory, intellectual capacity and interests).
- (b) Presbyophrenic type (similar to Korsakow mental complex).

- (c) Delirious and confused states.
- (d) Depressed and agitated states in addition to the deterioration.
- (e) Paranoid states in addition to the deterioration.
- 3. *Psychoses with cerebral arteriosclerosis.*
- 4. *Dementia paralytica.*
 - (a) Cerebral form (exaggerated knee-jerks).
 - (b) Tabetic form (diminished or absent knee-jerks).
- 5. *Psychoses with cerebral syphilis.*
- 6. *Psychoses with Huntington's chorea.*
- 7. *Psychoses with brain tumor.*
- 8. *Psychoses with other brain or nervous diseases.*

This division provides a place for grouping a variety of more rare mental disorders associated with organic diseases of the nervous system. On the card the special disease must be mentioned after the group name, and this should be followed by a few descriptive terms, characterizing the accompanying mental disturbance.

- (a) Cerebral embolus.
- (b) Brain abscess.
- (c) Tubercular meningitis.
- (d) Central neuritis.
- (e) Multiple sclerosis.
- (f) Tabes dorsalis.
- (g) Acute chorea.
- (h) Other conditions to be specified.
- 9. *Alcoholic psychoses.*

Since on the basis of chronic alcoholism a number of fairly characteristic mental disturbances develop, the type of alcoholic psychosis should be indicated in each case. Among these types only "pathological intoxication" seems to require special explanation: By the term "pathological intoxication" is meant a condition which is the *immediate* result of taking a larger or smaller amount of alcohol. The symptom picture is characterized by special features not seen in ordinary drunkenness.

 - (a) Pathological intoxication.
 - (b) Alcoholic deterioration.
 - (c) Delirium tremens.
 - (d) Korsakow's disease (polyneuritic psychosis).
 - (e) Acute hallucinosis.
 - (f) Chronic hallucinosis.
 - (g) Acute paranoid form.
 - (h) Chronic paranoid form.
 - (i) Other less characteristic symptomatic types should be specified.

10. *Drug and other toxic psychoses.*

- (a) Morphinism, cocaineism, bromism chloralism, etc., or combined.
- (b) Lead intoxication (several forms are described).
- (c) Gas poisoning (delirium or confusion).
- (d) Food toxicoses (tea, coffee, ergot, etc.) and pellagra.

11. *Infective-exhaustive psychoses.*

- (a) Febrile delirium.
- (b) Infection delirium.
- (c) Exhaustion delirium (acute confusion, hallucinatory delirium, "amentia").
- (d) Delirium with heart disease.
- (e) Other conditions to be specified.

12. *Allied to infective-exhaustive psychoses.*

Cases which clinically resemble infective-exhaustive states but in which no infective-exhaustive etiology can be found.

13. *Autotoxic psychoses.*

- (a) Thyreogenous disorders.
- (b) Uremic disorders.
- (c) Diabetic disorders.
- (d) Other conditions to be specified.

14. *Manic-depressive psychoses.*

- (a) Manic attack.
- (b) Depressive attack.
- (c) Stupor.
- (d) Mixed attack.
- (e) Circular attack.

15. *Allied to manic-depressive psychoses.*16. *Involution melancholia.*

In spite of the fact that many of the depressions which have thus been designated are related to manic-depressive insanity, and that therefore a differential diagnosis may seem rather unnecessary, it is nevertheless advisable to group here all the depressions past middle life which show plain anxiety and agitation, and regard them as *special* forms of the emotional reactions.

17. *Symptomatic depressions.*

Depressions closely associated with some physical ailment which more or less naturally predisposes to despondency (heart disease, gastric disorders, malignant growth, etc.). Fluctuations occur in the depression depending largely on the severity of the physical symptoms or degree of discomfort or pain which the patient suffers.

18. *Dementia præcox.*

- (a) Paranoid form.
- (b) Katatonic form.
- (c) Hebephrenic form.
- (d) Simple form.

19. *Allied to dementia præcox.*20. *Paranoic conditions and paranoias.*

Delusional conditions in which the train of thought is clear and the contact with the environment is well preserved, though episodes of greater disturbance may occur.

21. *Epileptic psychoses.*

The epileptic disorders may be grouped according to the most prominent clinical manifestations, as follows:

- (a) Deterioration.
- (b) Clouded states.
- (c) Other conditions.

22. *Psychoneuroses.*

These essentially substitutive reaction types may be outlined as follows:

- (a) Hysterical type.

Submersion of a disturbing experience or conflict and conversion into hysterical manifestations, as a rule in the nature of somatic symptoms.

The psychoses most frequently characterized by psychogenic attack, with more or less clouding of consciousness with subsequent amnesia.

- (b) Psychasthenic type.

Conditions with phobias, obsessions, impulses, doubts, often associated with tension.

- (c) Neurasthenic type.

Great mental and motor fatiguability accompanied by irritability, pains, hyperasthesias. The neurasthenic type can not always be satisfactorily differentiated from the psychasthenic.

23. *Constitutional inferiority with psychoses.*

By constitutional inferiority we mean abnormalities of mental make-up in which defects exist in the emotional and volitional sphere, but in which there is no obvious intellectual deficiency. Therefore we might in many cases of the well known constitutional psychoses speak of the individuals as constitutionally inferior (e. g. in dementia præcox or in manic-depressive insanity) but for obvious reasons it is better to limit the term "constitutional inferiority" to types of abnormal mental make-up which differ from these and in which the psychotic reactions also differ from the psychoses already specified in earlier groups.

24. *Mental deficiency with psychoses.*

This includes intellectual deficiency of various degrees. Traits of constitutional inferiority may be added.

25. *Unclassified.*

In this group should be included cases in which a diagnosis can not be made owing to lack of adequate data ; or cases in which the clinical picture is not understood and the etiology is not known.

26. *Not insane.*

- (a) Epilepsy.
- (b) Alcoholism.
- (c) Drug addiction.
- (d) Constitutional inferiority.
- (e) Mental deficiency.
- (f) Dotage.
- (g) Others to be specified.

Dr. HUTCHINGS: I will ask Dr. Pollock to present that part of the report relating to the necessity of a census of our existing patients. It is a matter of considerable importance. Our attention was particularly called to this by Dr. Dublin. It was not new to us, but he emphasized it.

Dr. POLLOCK: For some time we have placed emphasis on the study of the separate psychoses rather than on the study of the insane as a single group, and in order to do our work thoroughly we should know the basic number of each psychosis that we are dealing with in the hospitals. It is thought that if we could have a census by psychoses at the beginning of the year we would have a definite basis for the recovery rate and death rate for each psychosis and we could make special studies of the different psychoses more advantageously than at the present time.

Dr. MABON: I can appreciate the necessity for a census of the psychoses, but it comes at the beginning of the year when we are probably all working on the annual report. It should be done at some other time when it would not have to be hurried and the work would be more accurate, but if it is to come up now and be done at the beginning of the year, it is going to mean that something else will suffer.

I move that a census of patients by psychoses be taken

next year and that thereafter the movement of patients with reference to psychoses be made a part of the statistics.

Motion was duly seconded by Dr. Hutchings and adopted by vote of the conference.

Dr. HUTCHINGS: The second item relates to changes on the statistical cards.

Dr. MABON: I move the adoption of the changes recommended by the Committee in the statistical cards.

Seconded by Dr. Somers and voted by the conference.

After a prolonged informal discussion of the proposed classification the report of the Committee was adopted.

The Conference then on motion duly seconded, adjourned.

LEWIS M. FARRINGTON,
Secretary of the Conference.

ANNUAL SUMMARY OF NEWS OF THE STATE HOSPITAL SERVICE IN 1915

NEW HOSPITAL FEATURES: CONSTRUCTION, CHANGES IN CAPACITY, ADMINISTRATION, OCCUPATION, AMUSEMENTS, ETC.

UTICA

During the year a granary and storehouse was erected on the Marcy site with a capacity of 6,000 bushels of grain and a like amount of roots.

The Commission on September 30, certified the capacity of this institution as 1,382. This is an addition of 61 beds for men patients and includes the farm colonies, Overlea and Woodside and the use of the isolation hospital as a ward.

In December, the Ivy Club was organized by the women employees, with 40 members, for the purpose of promoting sociability and helpful recreation. This promises to be a very pleasant feature of the hospital life and already classes have been formed for nature study, choral work and calisthenics, and a basket ball team has been organized.

WILLARD

The East dairy barn was partially reconstructed, by raising the building eighteen inches, putting in new concrete foundations and new concrete floor, resulting in a marked improvement in the sanitary conditions of the barn, where 76 milch cows are stabled. A granary was built over the basement of the barn which was burned some years ago, located on the Gilbert road beyond the ravine. This is used for storing grain, and the basement is used for a root cellar.

Larger sink rooms were erected adjacent to the dining rooms at Sunnycroft, and new tile floors and new plumbing provided.

Extensive repairs were made to the concrete work at the dock, which had been damaged by gales and high water.

A new floor was laid in the large ironing and mangle room at the laundry.

The number of beds in the hospital was increased from 2,397 to 2,427, to accommodate a transfer of 27 men and 25 women from Manhattan State Hospital, October 26.

The women patients who receive special training in the school for re-education of the insane are selected from recent admissions, especially young dementia præcox cases. The methods employed by the teacher and assistants, to arouse mental activity, include a variety of exercises, vocal and instrumental music, games, plain and fancy needlework, basket-weaving, etc. The average daily attendance was 30.

The dances held once a week continue an enjoyable feature. Band and orchestra concerts were given out-doors summer evenings, and Saturday afternoons in Hadley Hall during the winter. A number of plays, concerts, and motion picture entertainments were given in the evenings. Baseball games furnished popular entertainment during the summer. The Field Day, held September 25, was attended by 1,500 patients, a large number of employees, and fully 3,000 visitors.

Three patients and two employees developed attacks of diphtheria in January and February. There were six cases of typhoid fever, and one case of para-typhoid fever during the year.

HUDSON RIVER

The most extensive improvement during the year was the complete renovation of the east half of the nurses' cottage at Central Group. This included renewals to the plumbing, re-arranging stairway, cutting new windows, and generally altering the older portion of the structure. It is now greatly improved in appearance and usefulness.

Similar work was undertaken in cottage 1 which is now in an excellent state of repair.

Wards 46 and 47 were completed and occupied by patients received by transfer from Central Islip.

The clinic established in former years was continued without interruption throughout the year. A physician from the hospital attends the outdoor patients once each week. During the latter portion of the calendar year a social worker was appointed in the person of Miss Nellie A. Doughty, an experienced graduate nurse.

The hospital was visited by an epidemic of scarlet fever coincident with a similar epidemic in the city of Poughkeepsie and in Wappingers Falls, a village nine miles distance. Investigation by the Poughkeepsie Board of Health and by the New York Milk Commission proved that the epidemic resulted from an unrecognized case of scarlet fever in the family of an employee connected with a dairy farm sending milk to a creamery in Poughkeepsie. A portion of the milk used in the hospital was supplied by this creamery. Twenty cases developed within a few days, nine patients and eleven attendants. One female debilitated patient died as a result of the disease.

MIDDLETOWN

The farm house acquired by the purchase of the Comfort farm has been renovated and altered for the accommodation of 20 patients and 6 employees and is now occupied.

An appropriation was secured during the last session of the Legislature for equipment for the new power plant, and the equipment is being installed.

The new dining rooms and kitchen at the West Group are occupied and are proving very satisfactory.

The old dining rooms, kitchen and scullery in the West Group have

been renovated and rearranged and now accommodate 100 disturbed women patients who were transferred to this institution from the Central Islip State Hospital.

An outside well for the disposal of sewage from a portion of the West Group was completed during the year, and an automatic pump with electric motor installed.

The coal trestle in connection with the new power house was completed during the year.

BUFFALO

The Legislature of the year 1914-15 appropriated \$12,500 for two new boilers and also \$8,000 for the construction of a new trunk line sewer. The latter will probably be completed soon. The boilers will probably not be placed until some time during the winter.

There have been no new buildings erected at the hospital for the accommodation of patients and no increase, consequently, in the capacity. There has been completed, however, during the year at a cost of \$6,179.19, a water-softening apparatus with a capacity of 5,000 gallons an hour. This is to soften the water supplied the laundry and the boilers, and it is expected that the saving in scaling of the boilers and in soap in the laundry will be a very considerable item and that the efficiency will be increased.

BINGHAMTON

In March, 1915, the new building for women patients of the chronic class was commenced on a site a little west of the large building for chronic men patients known as Broadmoor. The plans and specifications for this building call for practically fireproof construction, making it by far the best construction for a patients' building ever undertaken at this institution. This building is now nearly completed; it will be finished early in the coming spring and will be furnished as soon thereafter as practicable. Besides the accommodations for patients the building will provide rooms for about 40 nurses and attendants whose services will be required in the care of the patients.

A notable improvement at the hospital has been the reconstruction of the electric lighting system. The old direct current belt-driven generators have been abandoned and new direct connected alternating current units have been installed at the new power station in connection with the heating plant on the river bank. By this change the engines receive their steam from the boilers in the adjoining boiler house, whereas in the old plant the steam was conveyed for more than half a mile at high pressure through underground ducts. The new system appears to have many advantages over the old in practical operation. At the heating plant a great improvement has been made by the installation of a new 500 h. p. Stirling boiler of the water tube type, and the erection of a brick smokestack 150 feet in height. This addition to the power plant will add materially to its

efficiency, but another 500 h.p. boiler is still needed and will probably be installed during the coming summer.

At Pine Camp two small rustic buildings were erected in the early summer in place of tents, for the accommodation of four patients, and a new bath-house and toilet was built on the high ground immediately in the rear of the old bath-house; the interior of the old bath-house has been rebuilt for the accommodation of patients who use it as a dormitory.

As regards the general administration at the hospital no special changes have been made. The usual routine procedures have been followed in accordance with statutory requirements and the rules of the State Hospital Commission. Occupations for patients have been continued in much the same manner as in previous years, but the employment of a teacher of physical culture has enlarged occupational activities to a considerable extent. Besides the constructive work which the patients have performed as heretofore, there have been formed a number of classes who have daily gone through various exercises under the instruction of the physical culture teacher, with the result that a large number of dementia præcox cases and other with sluggish mentality have been induced to take an active interest in their personal appearance and to render considerable assistance in the daily ward work, whereas previously they could scarcely be induced to assist in dressing themselves or even taking their baths, indeed some of these patients who have been receiving the instruction in physical culture did not previously seem to know the difference between the right and left hand. As regards amusements, the usual diversions in the way of musical entertainments, moving pictures, trolley and automobile rides, baseball and dances have been the principal forms indulged in. During the latter part of the year, however, the condemnation of the assembly hall on account of the settling of the foundations and the cracking of the walls necessitated the abandonment of the hall for general recreation purposes. The dances throughout the fall months were therefore omitted. They will be resumed in the assembly hall as soon as repairs making the building safe have been made.

ST. LAWRENCE

In March, 1915, a bill was signed by the Governor appropriating \$12,000 for the purchase of the Morrison farm consisting of 104¼ acres.

A water softening plant has been constructed, the specifications of which require delivery of soft water at the rate of not less than 4,000 gallons per hour and capable of softening not less than 90,000 gallons per day.

A supplementary steel smokestack 66 inches in diameter was erected in order to make sufficient draft for the additional boilers which were installed last year.

The coal trestle at the power house was extended 80 feet.

Two modern washing machines were purchased for the laundry.

Farm drain tile to the amount of 4,000 lineal feet was manufactured from cement and sand by an employee assisted by patients.

A stone crusher for agricultural lime was purchased, to be used at the quarry.

A dental room has been equipped at Flower building.

Alterations on the third floor of the farm cottage were made which provided quarters for 24 additional patients in that building.

In October, 1915, the capacity of the institution was changed from 1,776 to 1,848.

Instruction of demented and idle patients, male and female, for the restoration of mental function and contact with reality has been carried on in a systematic manner. Miss Maher is now in charge of this work, devoting her afternoons to it, with the assistance of the supervisors and head nurses in the different wards, and the co-operation of Miss Felton who has charge of the singing classes. The men have occupied themselves in the shops, the laundry, farm and other such places where their work has some productive value.

The camp at Lotus Island has afforded a pleasant outing for many patients.

ROCHESTER

Extensive repairs to the barns at the garden cottage have been completed. The plumbing fixtures in the Monroe group have been replaced.

The capacity of the hospital has increased from 1,282 to 1,298, the increase being at the garden cottage.

Since the early part of December a sale of articles made in the school has been conducted.

GOWANDA

A pavilion for women tubercular patients has been opened.

A steam line connecting the power house with superintendent's residence and staff house has been installed.

A sewer line has been installed, connecting farm cottage and main sewer.

A tile silo, having a capacity of 300 tons, has been constructed.

An addition to bakery has been completed.

A new fire escape has been constructed at the farm cottage.

The quarantine cottage, farm house, carriage barn and piggery have been resingled.

The capacity has been increased by 20.

The occupation of patients has continued as in the past, over 50 per cent being employed with benefit to themselves as well as to the institution.

When not employed patients are encouraged to enter into various forms of amusement. The usual games on the wards are enjoyed, weekly dances and weekly motion picture shows with band concert

are held, and during the past year three basket ball teams were organized among women employees. Games with visiting teams as well as with home teams were played for the entertainment of patients.

MOHANSIC

Three test wells were run.

A small meat refrigerator was constructed.

About 2,000 feet of macadam road bed was laid.

KINGS PARK

A new system of the central hot water heating has been completed and is proving satisfactory.

A contract was recently let for drilling two wells, connecting these wells up in a permanent manner with the existing cistern, and also connecting in one other well. With the completion of these two wells the hospital will have ten wells each with a depth of approximately 500 feet. The water so far secured from the eight wells, which are now in use, is of very good quality.

There was \$80,000.00 appropriated by the Legislature, mentioned in the hospital news of last year, for additional accommodations for patients. When bids were received this amount was found insufficient and another appropriation of \$10,000 was made, or a total of \$90,000.00.

Contracts were let for building additions to cottages 1, 3 and 4, the floor space of each floor amounting to 4,060 square feet. The additions are two stories high, with basement. The basement is to have a tile floor and be equipped for dining rooms.

As there is no appropriation made for the fiscal year ending September 30, 1915, for extraordinary repairs, emergencies and equipment, it was necessary to make expenditures from the maintenance appropriation for a number of items which in former years have been secured from other than maintenance money. Among these items were the following:

New roof for the bakery.....	\$ 625.00
Repairs to women's cottages.....	483.85
Painting tin roof of storehouse, old dining room, etc.	225.25
Painting gutters, group 1.....	237.58
Painting tin roofs, wooden cottages.....	188.04
Synchronizing indicator and motor driven adjust- ment equipment for turbine generator in dy- namo room	691.00
Painting nurses' home.....	222.88
New record room.....	101.74
Electric motors for carpenter and machine shops	1,296.04
Painting superintendent's residence.....	329.37
Connecting the hot water booster pump to groups 2 and 3	177.41

Certificates were received from the American Medico-Psychological Association at Old Point Comfort in May for the following:

- (1) Certificate for the best braided rag rugs.
- (2) Certificate for best specimen of drawings.
- (3) Certificate for best specimen of stenciling.

In addition to the usual departmental shops, we have classes in embroidery, needle work, basketry, rug-making, stenciling, satin and paper flower work, brass work, pyrographing, etc. Lately new classes have been formed in leather work. Diversional classes are also continued and many patients enjoy daily recreation in the form of bowling, dancing, basketball, drills, calisthenic exercises, and, during the season, for the men, baseball and quoits.

Miss Lillian Reilly, a graduate of Pratt Institute, Brooklyn, has been employed to take charge of a class for women in basketry, and leather tooling for both women and men patients.

Miss Mary M. Maupin, a graduate of the Thomas Normal Training School, Detroit, Mich., has been employed to take the school for women patients, to fill the vacancy caused by the resignation of Miss Alga M. Evans, who has had the school for a number of years. Miss Maupin also conducts two classes, one for men and one for women, in calisthenics and other physical exercise.

LONG ISLAND

The new power plant has been completed and will be put in commission within a few days.

About February 1, bids will be received for construction of additional accommodations for patients at this institution. The plans call for fire-proof buildings. The reception building, three stories in height, with roof garden, will have a capacity of about 160. In the basement of this building will be a complete hydrotherapeutic outfit. There will also be rooms for arts and crafts classes and operating room. The capacity of the ward dormitories will be for eight patients each.

The second building, four stories in height with roof garden, will be for about 440 women patients.

These buildings will be located east of the present hospital building and will each contain dining room accommodations and be served from a large kitchen built as a part of the reception building.

Plans are under way to destroy the surface identity of the potter's field at the extreme eastern end of the hospital property. This has been a public cemetery for a great many years up to April last.

A special attendant social worker has been appointed to assist in prevention and after-care work.

On January 8, 1916, an additional mental clinic was established in the out-patient department of the Williamsburg Hospital, under the joint supervision of the superintendent of the Kings Park and Long Island State Hospitals.

MANHATTAN

There are no new hospital features to report. The new buildings are not far enough under way to report any construction changes in capacity.

The building for 150 patients will probably be completed in the early spring. The conduit leading from the 150-patients' building to kitchen will be completed within the next month. The building for 200 patients will probably be completed in the late spring. The new power house has been started and part of the foundation is completed. This building will probably be completed in the early summer.

CENTRAL ISLIP STATE HOSPITAL

Portion of slate roof of storehouse building was renewed.

Cement walks were laid between and around buildings of group "M."

Cement walk was laid from Carleton avenue leading to main entrance of group "G."

A telephone line to the new firehouse was installed.

A hot water boiler was installed in the cow barn.

A hot water generator in the laundry was re-tubed.

Metal ceiling was placed in the new firehouse.

Exterior of woodwork of group "S" was painted.

Radiators were installed in the rooms of groups "S" and "M" now occupied by attendants.

Wards 4, 5 and 6 of group "D" were re-piped.

A lavatory was installed in physicians' room in ward "E-1."

A new generator was installed in the north colony power plant.

The interior of ward 2, group "D," was painted.

A lavatory was installed in the physicians' quarters in group "G" center.

Additional clothes-rooms were fitted up in wards 1 and 3 of group "C."

A cement walk was laid between the Viele Home and group "H."

A cement platform was built in front of tubercular building.

Cement steps were built in basement of kitchen No. 1.

The roofs of shoe shop building and old firehouse were resingled.

A cement gutter was laid in front of storehouse.

A second hand locomotive was purchased to replace the old one that had been condemned.

A cement sidewalk was laid between groups "E" and "F" dining rooms.

A cement platform was built at entrance to group "E" serving-room.

Two sewage lateral lines were extended and six hydrants installed on our sewage disposal system.

A cement walk, 694 feet in length, was laid on the easterly side of Carleton avenue.

New gutters and leaders were installed on the new fire house.

Two manhole frames and covers were installed on sewage lines to group "S."

Two new steel working tables and one 85-gallon steam kettle were installed in kitchen No. 1.

One 85-gallon steam kettle was installed in kitchen No. 3.

Two tea and coffee urns were installed in the dining rooms of group "B."

Extensive repairs were made on eight boilers at the south colony power plant, as suggested by the insurance company.

The work of grading and seeding down new lawns around groups "S" and "M" was continued during the year.

NOTEWORTHY OCCURRENCES

UTICA

On December 5, patient H. F. S., a case of dementia præcox, while out for exercise, acting on an impulse, suddenly ran from the line upon a small pond covered with ice. He was closely followed by his attendants, Lawrence Maxwell and Herbert Bowes. The patient and attendant Maxwell were precipitated into the water near an air hole. Both the attendants continued in their efforts to rescue the patient but were unsuccessful, although the body was recovered within a short time after the accident. After an investigation by the State Hospital Commission the efforts and conduct of both these attendants were commended by the Commission and a silver medal has been authorized.

WILLARD

One man committed suicide by cutting his throat with an old razor, which had evidently been discarded. It is possible that the patient picked it up about the grounds when out for exercise in company with others. A woman patient 71 years old, apparently recovering from an attack of depression, hanged herself with a cord from a dressing gown. Although discovered within a brief time she could not be revived.

Fifteen physicians, members of the Schuyler County Medical Society, visited the hospital July 30, when a tour of inspection of the various buildings and the grounds was made. A party of 20 physicians, members of the Yates County Medical Society, made a similar visit and inspection of the hospital on August 19.

HUDSON RIVER

An elderly male patient, who had had a parole of the grounds for years, while walking on a public highway in the vicinity, was struck by a motorcycle and almost instantly killed.

A male patient having the parole of the grounds, discovered a small piece of rope that had evidently fallen from a passing wagon, and going one mile away committed suicide by hanging himself from a limb of a tree. He had apparently recovered and was preparing to go home.

A woman patient succeeded in eluding a nurse who had unlocked an inside window guard in order to clean the window, and threw herself from the second story window and was instantly killed.

MIDDLETOWN

The first annual meeting and reunion of the Alumni Association of the training school for nurses of this hospital was held on June 2, 1915. Many of the graduates of the school attended and 104 participated in the banquet.

In May, 1915, the Alumni Association of the training school became associated with the New York State Association of Nurses, with a membership of 108.

BUFFALO

During the past year, three men and one woman unfortunately committed suicide by hanging. For the first time in the history of the institution, two suicides occurred on one day. The first was a depressed individual and suicide was made possible by hiding from the attendants in charge. The second evidently occurred as a result of suggestion, as it happened soon after on the same ward in the case of an elderly, quiet patient who had not shown any active suicidal tendencies until this time.

BINGHAMTON

The hospital has been unusually free from occurrences that might properly be called notable. A single suicide occurred during the year. The patient was a woman who had been in the hospital about two years; she was known to be suicidal and was watched with the greatest possible care. On the night of November 27, she succeeded in causing asphyxiation by fastening a sheet about her neck and tying it to a window grate. Her condition was discovered almost immediately by the night nurse, but stimulants and artificial respiration failed to resuscitate her.

A small building adjacent to one of the farm cottages used as a storehouse was destroyed by fire in the evening of October 9. Careful investigation was made but it was impossible to determine the cause of the fire. It appeared probable, however, that a patient had gone into the building to smoke and that he may have dropped a lighted match on the floor where it came in contact with inflammable material. The value of the building and its contents was approximately \$500.00.

ROCHESTER

A small fire occurred in the sewing room on Sunday evening, December 5.

GOWANDA

An up-State interhospital meeting was held at the hospital, June 9 and 10, 1915, under the direction of Dr. August Hoch of the Psychiatric Institute. The meeting was attended by 27 physicians.

MOHANSIC

All of the tuberculosis reactors among the cows were segregated and turned over to the State Department of Agriculture which removed all such reactors from the hospital grounds.

KINGS PARK

Forty-one escapes of patients are recorded as having occurred during the year. Of these, 22 were returned prior to the expiration of 30 days; 5 were paroled to the custody of relatives or friends and discharged after 30 days; 1 patient, unfortunately, committed suicide a few days after reaching home. Ten were discharged to the custody of themselves, not having been heard from again. Fortunately, none of the latter were considered dangerous to themselves or others. The remainder will be discharged if not returned within the 30-day period.

Two patients, while in the hospital, committed suicide.

One of our employees, Karl Weiser, at considerable risk to himself, rescued a patient from the old canal.

Several employees, during the performance of duty suffered accidental injuries, none of which, fortunately, were of a serious nature.

On August 7, 1915, a fire occurred in the tailor shop. This fire started in a box in the rear of the tailor shop where condemned clothing and waste pieces from making up new clothes are kept. The fire probably was the result of spontaneous combustion or caused by a patient, who was smoking, dropping sparks into the box. The fire burned through the clapboards of the building and then ran up between the clapboards and wainscoting and in this manner gained considerable headway before it was detected. The fire department responded promptly to the alarm of fire, and the total damage to the building and institutional clothing was approximately \$300.00.

A clinic has been established jointly with the Long Island State Hospital at the Williamsburgh Hospital, Brooklyn, every Saturday, between the hours of ten and twelve. The superintendents, or one of their assistants, will be in charge. The State Charities Aid Association has been of great assistance in aiding the organization of this clinic and also in giving publicity to the same. Special effort will be made to impress upon the public the importance of bringing persons threatened with insanity to the clinic for observation and treatment. The clinic will also be used in conjunction with the New York office as a place where paroled patients will report at stated intervals. Our research assistant will also attend the clinic and act in a social service capacity.

MANHATTAN

Forty-six cases of fracture of the bones occurred during the year.

Three suicides occurred among the men and one among the women by hanging. One patient killed himself by striking his head against the inside of a door with such force as to sustain a fracture of the skull. He used his head as a battering ram and knocked the frame work of the door into splinters.

A patient complained of pains in his abdomen and an X-ray examination revealed the presence of spoons. These had been missed for several days and could not be found. An operation was performed, but the spoons had perforated the stomach and were found in the abdominal cavity. Local peritonitis had been established and he died from shock a few hours following the operation.

A patient while out with a party escaped and has not yet been found. A careful search has been made of the grounds and buildings. A watchman employed by the bridge company reported that he thought he heard a splash that evening but could not see anything. The harbor police were notified and were requested to make every endeavor to find the body.

Two patients escaped, one was returned, the other not heard from. Six patients attempted to escape, but were found hiding on the grounds. Three patients attempted to escape by jumping into the river, but were rescued.

CENTRAL ISLIP

We have been very fortunate in having few serious injuries, accidents or suicides during the year. A few patients have escaped from the hospital, the majority of whom were quickly returned.

During the year we had two men patients commit suicide; one by hanging himself and the other by throwing himself under a moving locomotive on the hospital premises.

Two accidents, resulting in death, occurred during the year. A paroled patient was killed by a train while crossing the railroad tracks in the nearby village of Central Islip. An employee, was killed by a fast moving passenger train in the village of Central Islip while crossing the railroad tracks on the main highway. This crossing was guarded by a watchman at the time of the occurrence of the accident.

INDIVIDUAL ITEMS

WILLARD

Mr. Emmet C. Dwelle, President of the Board of Managers, and a member since June, 1905, died at Penn Yan, January 25, 1915.

Mr. Fred J. Manro of Auburn, formerly a member of the Board, was reappointed January 27, 1915, in place of Hon. A. S. Stothoff, deceased.

Dr. Charles R. Phillips of Horneil, and Mr. William T. Morris of Penn Yan, were appointed members of the Board February 4, 1915.

Dr. Gordon Priestman, assistant physician, was married June 16, 1915, to Miss Emily B. Maynard of Orillia, Ontario, Canada.

HUDSON RIVER

Dr. Henry Gahagan and Mr. Hyland of the Elgin (Illinois) State Hospital service, Dr. W. W. Faison of Goldsboro, N. C., and Dr. George H. Freeman, Superintendent of the Hospital for Inebriates, Willma, Minn., visited this hospital.

MIDDLETOWN

During the year several changes occurred in the personnel of the Board of Managers. Mr. M. N. Kane retired at the expiration of his term of office, and Mrs. Julia M. Cary resigned because of ill health. Mr. Henry Bacon, a member of the Board of Managers for several years, died at his home in Goshen, N. Y., on March 25. Mr. Allen W. Corwin of Middletown, N. Y., was appointed to succeed Mr. Kane, and Mr. Charles L. Mead, of Middletown, N. Y., formerly a manager of the hospital, succeeded Mr. Bacon. Mr. Mead resigned January 1, 1916, when he became a member of the State Legislature.

Dr. William E. Kelly took a three months' course at the Psychiatric Institute on Ward's Island.

Dr. Elijah S. Burdsall visited the wards and industrial department of the State Hospital for the Insane at Norristown, Pa., on September 1.

On April 1 Miss Agnes M. Valley, R. N., was appointed principal of the training school of this hospital. Miss Valley is a graduate of the training school of this institution, class of 1905, and has had about fifteen years State hospital experience.

BUFFALO

On May 6, 1915, Governor Whitman reappointed Mrs. Tracy C. Becker, manager, for a term of seven years from December 1, 1914.

On June 2, 1915, Rev. A. V. V. Raymond resigned as a member of the Board of Managers.

On June 23, 1915, Mr. Philip G. Schaefer was elected president, and Mrs. Walter Platt Cooke was elected secretary in place of Mrs. Becker, whose death occurred on the 6th of June, 1915.

BINGHAMTON

Governor Charles S. Whitman visited the hospital September 29, 1915, and in company with the President of the Board of Managers and the superintendent, inspected many of the wards and some of the industrial departments of the institution.

October 7, a Committee of the Senate and Assembly, of which Assemblyman Simon L. Adler was chairman, visited the hospital, together with Senator William H. Hill, for the purpose of ascertaining the needs of the hospital in the way of appropriations for the coming year.

In January, 1915, Mrs. Kate M. Ely, whose term as a manager had expired December 31, 1914, was reappointed by Governor Whitman for another term of seven years. Mrs. Ely has now been connected with the hospital as a manager nineteen years and has rendered highly efficient service.

During the year 1915 Dr. William J. Tiffany, senior assistant physician and pathologist, served as President of the Binghamton Academy of Medicine, to which position he had been elected in October, 1914. Dr. Tiffany has made extended use of the projectoscope in the demonstrations of sections from autopsy material at the staff meetings devoted to pathological reports.

Miss Edith Atkin, R. N., who had been certified as eligible by the State Civil Service Commission, was appointed principal of the training school for nurses October 25, 1915, to succeed Miss Laura A. Beecroft who had temporarily filled the position from February 3, 1915 until August 3, 1915, when she resigned.

December 1, 1915, Miss Hilda P. Brodhead, one of our graduate nurses, was appointed special attendant social worker, and has since devoted her entire time to this field of activity. She has visited many patients on parole and some who have been discharged. These visits have been well received and we anticipate great benefit to the patients from Miss Brodhead's activities.

ST. LAWRENCE

In February, 1915, Dr. R. Leighton Leak of Syracuse was appointed a member of the Board of Managers. On December 27, 1915, he resigned to accept the position of attending physician at the psychopathic hospital which is maintained by the city for the care of patients pending commitment.

Dr. A. G. Lane took a course at the Psychiatric Institute during January and February, 1915.

Dr. J. A. Pritchard, senior assistant physician and Miss Marguerite M. Fero, were married at Bath, N. Y., July 14, 1915.

Dr. Hugh S. Gregory, assistant physician and Miss Ethel A. Retersdorf, were married at Utica, N. Y., on September 16, 1915.

MOHANSIC

Hon. Andrew J. Shipman, President of the Board of Managers, died October 17, 1915, after a brief illness.

Mr. Seabury C. Mastick was appointed a member of the Board of Managers by Governor Whitman, taking the place of Dr. Max Herbst whose term of office expired.

Dr. H. C. Evarts of the Manhattan State Hospital supplied the position of the superintendent, Dr. Harris, when the latter was on vacation.

KINGS PARK

Mr. Charles E. Teale was reappointed manager by Governor Whitman on March 12, 1915.

MANHATTAN

Dr. Philip Smith was selected to represent the New York State Hospitals at the Panama-Pacific Exposition at San Francisco, leaving in July to take the place of Dr. G. W. Mills, who had been the representative for several months. Dr. Smith remained until the exposition closed. Then, on special leave of absence, he went to Honolulu.

Mrs. Robert F. Wagner was appointed manager to succeed Mrs. Grace Gillette Bird.

Dr. Fred G. Benton resigned his position September 5, 1914, to join the Red Cross and served in Vienna, Austria. After an absence of nearly a year the doctor returned and was reappointed assistant physician.

Dr. C. O. Cheney, assistant physician, was married June 7, 1915, to Miss Josephine Scott.

CENTRAL ISLIP

Mrs. Alice M. Flagler was appointed as a member of the Board of Managers to succeed Mrs. Grace G. Dyer, resigned.

Mr. Francis Rogers was appointed a member of the Board to succeed Mr. Frank S. Williams, resigned.

Mr. James MacGregor Smith was appointed a member of the Board to succeed Mr. Martin A. Metzner, resigned.

At the October meeting, Mr. James MacGregor Smith was elected president of the Board, and Rev. William Garth was elected secretary.

NOTES OF IMPORTANCE ON HABEAS CORPUS CASES

WILLARD

A patient named C. J. S., who was admitted from Ithaca, N. Y., May 12, 1914, a case of paranoia, obtained a writ of habeas corpus from Justice A. S. Tompkins of the Superior Court, Ninth Judicial District, returnable at Nyack on January 2. He appeared in court on that date, accompanied by a nurse and the physician who had the immediate care of him. The records of the case were presented, the patient and the physician were examined by the judge, who remanded the patient to the hospital. The patient again obtained a writ from Justice Clarence J. Shearn, returnable before the Supreme Court at Corning, April 5, when the patient was produced before Justice George A. Benton. The judge consented to the patient's request for a trial by jury, adjourned the case until April 21, when the patient was again taken to court, where he became excited and angry when the judge announced that Governor Whitman had recently signed a law authorizing the court to appoint not more than three disinterested physicians to examine and report in regard to the mental condition of such cases. The patient accused Judge Benton of being in conspiracy with the

physicians and refused to appear in court again, in Corning. A week later, when the date arrived for the hearing, the patient refused to leave the hospital. Dr. Frederick Selton, of Auburn, who was appointed by the court to examine the patient, reported that, in his opinion, the patient is insane and dangerous to be at large.

Another patient, J. P., transferred from the Gowanda State Homeopathic Hospital, September 14, 1914, obtained a writ returnable before Justice Benton, in the Supreme Court at Corning, April 15. After a hearing he was remanded to the hospital. He secured another writ, returnable before Hon. George McCann, Justice of the Supreme Court at Ithaca, December 6, where he was given a hearing and was again remanded to the hospital. This patient obtained several writs prior to his transfer to Willard, and on each occasion was given a hearing in court and was remanded to the hospital.

MIDDLETOWN

C., Identification No. 57440. Discharged under Subdivision 3, Section 94, Chapter 27 of the Consolidated Laws of the State of New York. Writ was served returnable on December 4. Hearing put over for December 11, then for December 18, at which time it was ordered that the superintendent of the hospital discharge and release said patient from the hospital and place her in the custody of her brother, the committee of her person and estate; order made on the sole condition that the brother take said C. to his own home in the city, county and State of New York, and provide for the said C. a nurse or attendant, who would remain with her when she was not actually in the home of the said brother and committee; and upon the further condition that the said C. be not allowed by the said brother and committee to go upon the streets or away from his house without a suitable attendant or nurse, and upon the further condition that the said C. should not write any threatening or abusive letters to any person at any place, and upon the further condition that if any or either of the conditions aforesaid be not complied with or be in any way violated this order should forthwith be vacated and the said C. should be forthwith recommitted to the said Middletown State Homeopathic Hospital.

Within three days after discharge, the patient eluded the nurse that was provided for her, was married, immediately left the State of New York, and has since remained out of the State and its jurisdiction.

BINGHAMTON

Application by but one patient for habeas corpus proceedings was made at this hospital during the year. The patient, F. T. S., No. 48992, was admitted by transfer from the St. Lawrence State Hospital on February 5, 1914. He appeared before different judges on December 11, 1915, and on December 31, 1915; at both these hearings he plainly demonstrated his mental alienation in court and was remanded to the custody of the hospital.

GOWANDA

C. D., case of general paresis, released on habeas corpus proceedings because the patient had been committed while serving a sentence in the penitentiary, the judge's order antedating the expiration of his sentence by several days.

KINGS PARK

Writs of habeas corpus were issued by various courts with respect to the following patients:

On July 30, 1915, E. S., identification No. 82975, was produced in court, and the court left the matter of the patient's discharge to the judgment of the superintendent. Later the patient was granted a six months parole.

On October 5, 1915, J. L., identification No. 85371, was produced in court and was discharged to the custody of self.

On December 28, 1915, C. W. R., identification No. 74749, was produced in court and discharged on bond to the custody of his attorney.

MANHATTAN

I. A., No. 81186; admitted, February 3, 1915. Application was made by writ of habeas corpus for the discharge of this patient and return to same was made on the 25th day of March, 1915. At court, decision was made to allow application under Section 94 of the Insanity Law, and patient was ordered discharged under bond in the amount of \$500.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

Barber, Dr. Leon J., medical interne in Willard State Hospital, resigned November 10, 1915.

Beall, Dr. John A., appointed medical interne in Manhattan State Hospital, January 1, 1915, resigned December 31, 1915.

Benson, Dr. Harold O., appointed medical interne in Kings Park State Hospital, September 1, 1915.

Benton, Dr. Fred. G., assistant physician in Manhattan State Hospital, reappointed, May 1, 1915.

Blankinship, Dr. Roy C., appointed clinical assistant in Manhattan State Hospital, December 22, 1915.

Buell, Dr. Blinn A., assistant physician in Binghamton State Hospital, resigned July 7, 1915.

Champlin, Dr. Paul M., clinical assistant in Gowanda State Hospital, promoted to medical interne, January 16, 1915.

Conzelman, Dr. Fred J., medical interne in Manhattan State Hospital, resigned January 16, 1915.

Cooley, Dr. Raymond L., appointed medical interne in St. Lawrence State Hospital, February 15, 1915; resigned January 26, 1915.

- Cusack, Dr. Thomas S., appointed medical interne in Long Island State Hospital, November 30, 1915.
- DeLaHoyde, Dr. T. Grover, assistant physician in Hudson River State Hospital, resigned July 1, 1915; reinstated and transferred to Binghamton State Hospital, November 15, 1915.
- Dickinson, Dr. W. Gilford, appointed medical interne in Utica State Hospital, July 9, 1915; resigned December 27, 1915.
- Durgin, Dr. Delmer D., assistant physician in Kings Park State Hospital, transferred to Central Islip State Hospital, September 1, 1915.
- Edmunds, Dr. Meade C., appointed clinical assistant in Manhattan State Hospital, January 4, 1915; promoted to medical interne, January 17, 1915.
- Freundlich, Dr. Thomas, appointed medical interne in Central Islip State Hospital, November 1, 1915.
- Garvin, Dr. William C., senior assistant physician in Manhattan State Hospital, resigned July 10, 1915; appointed as first assistant physician in Kings Park State Hospital on same date.
- Goldhammer, Dr. Samuel, appointed clinical assistant in St. Lawrence State Hospital, January 6, 1915, resigned May 24, 1915.
- Goldstein, Dr. Abram T., appointed medical interne in Utica State Hospital, January 3, 1915.
- Gray, Dr. Earle V., assistant physician in Gowanda State Hospital, promoted to senior assistant physician, January 1, 1915.
- Gregory, Dr. Hugh S., pathologist and medical interne in St. Lawrence State Hospital, promoted to assistant physician, May 28, 1915.
- Groll, Dr. Edward W., assistant physician in Binghamton State Hospital, resigned March 31, 1915.
- Grover, Dr. Milton M., medical interne in Central Islip State Hospital, promoted to assistant physician, October 1, 1914; transferred to Kings Park State Hospital, September 1, 1915.
- Haviland, Dr. C. Floyd, first assistant physician in Kings Park State Hospital, resigned July 8, 1915.
- Howell, Dr. William L., assistant physician in Buffalo State Hospital, resigned June 4, 1915.
- Kiely, Dr. Charles E., appointed medical interne in Manhattan State Hospital, March 22, 1915; resigned October 31, 1915.
- King, Dr. Oscar W., appointed medical interne in Central Islip State Hospital, June 7, 1915; resigned June 29, 1915.
- Knox, Dr. Howard A., appointed assistant physician in clinical psychiatry in the Psychiatric Institute, January 20, 1915. His detail from the Public Health Service ended on July 1, 1915.
- Koch, Miss Mathilde L., B. S., M. S., appointed special assistant in chemistry, September 1, 1915.
- Kolb, Dr. Lawrence, appointed assistant physician in clinical psychiatry in the Psychiatric Institute, July 1, 1915.
- Leahy, Dr. Sylvester R., senior assistant physician in Manhattan State Hospital, resigned March 31, 1915.

- MacCurdy, Dr. John T., special assistant in psychiatry in Psychiatric Institute, resigned July 1, 1915, but continues as voluntary assistant.
- McClelland, Dr. Joseph E., medical interne in Manhattan State Hospital, resigned January 1, 1915.
- McNeill, Dr. John F., medical interne in Willard State Hospital, appointed as assistant physician in Central Islip State Hospital, November 20, 1915.
- Meeker, Dr. Jay E., appointed medical interne in St. Lawrence State Hospital, June 1, 1915.
- Myers, Dr. Glenn E., assistant physician in the Psychiatric Institute, returned August 7, 1915, from a year's leave of absence abroad.
- Newkirk, Dr. Merl C., medical interne in St. Lawrence State Hospital, resigned February 24, 1915.
- Nolan, Dr. Leonard S., appointed medical interne in Binghamton State Hospital, February 15, 1915; resigned, October 31, 1915.
- Norman, Dr. N. Philip, appointed medical interne in Manhattan State Hospital, January 1, 1915; resigned March 15, 1915.
- Partridge, Dr. J. Carlton, assistant physician in Binghamton State Hospital, resigned August 31, 1915.
- Pringle, Dr. Cyrus F., appointed medical interne in Buffalo State Hospital, July 15, 1915.
- Reed, Dr. Robert, appointed medical interne in Hudson River State Hospital, December 17, 1915.
- Regan, Dr. Louis J., appointed medical interne in Utica State Hospital, May 10, 1915.
- Sandy, Dr. William C., assistant physician in Kings Park State Hospital, resigned June 30, 1915.
- Schenkelberger, Dr. Frederick P., assistant physician in Gowanda State Hospital, promoted to senior assistant physician, January 1, 1915.
- Shapiro, Dr. Benjamin, appointed medical interne in Manhattan State Hospital, November 8, 1915.
- Siskind, Dr. Abraham, appointed medical interne in Manhattan State Hospital, January 1, 1915; promoted to assistant physician July 11, 1915.
- Skversky, Dr. Abraham, medical interne in Manhattan State Hospital, resigned December 31, 1915.
- Smith, Dr. Theron, appointed medical interne in Binghamton State Hospital, November 17, 1915.
- Stoerzer, Dr. Charles E., special attendant, medical, in Manhattan State Hospital, resigned April 30, 1915.
- Streeter, Dr. Ferd D., medical interne in Central Islip State Hospital, appointed assistant physician, May 15, 1915.
- Taylor, Dr. Melvin J., assistant physician in Hudson River State Hospital, resigned December 31, 1915.
- Thompson, Dr. Sidney E., appointed medical interne in Central Islip State Hospital, July 1, 1915.

- Thompson, Dr. William J., medical interne in Central Islip State Hospital, promoted to assistant physician, October 1, 1914; resigned September 15, 1915.
- Treadway, Dr. Walter L., appointed assistant in psychiatry in the Psychiatric Institute, July, 1914. His detail from the Public Health Service ended on January 20, 1915.
- Veeder, Albert F., Ph. G., appointed pharmacist in Rochester State Hospital, September 14, 1915.
- Waterman, Dr. Chester, senior assistant physician in Willard State Hospital, transferred to Manhattan State Hospital, August 20, 1915.
- Watson, Dr. Charles L., medical interne in Central Islip State Hospital, promoted to assistant physician June 1, 1915; transferred to Binghamton State Hospital, September 15, 1915.
- Wearne, Dr. Raymond F., medical interne in Central Islip State Hospital, promoted to assistant physician, October 1, 1914; transferred to Willard State Hospital, April 15, 1915.
- Westcott, Dr. Adeline M., woman physician in Central Islip State Hospital, resigned October 31, 1915.
- Wildman, Dr. H. Valentine, Jr., medical interne in Manhattan State Hospital, promoted to assistant physician, April 1, 1915; resigned August 17, 1915.
- Williams, Dr. William H., appointed medical interne in Utica State Hospital, March 1, 1915; resigned April 30, 1915.
- Woodward, Dr. Vernie E., appointed woman physician in Central Islip State Hospital, November 1, 1915.
- Worthing, Dr. Harry J., medical interne in St. Lawrence State Hospital, promoted to assistant physician, May 25, 1915.
- Zimmerman, Dr. Robert F., assistant physician in Utica State Hospital, resigned November 17, 1915.

BIBLIOGRAPHY OF THE PHYSICIANS IN THE STATE HOSPITAL SERVICE

WILLARD.

ROBERT M. ELLIOTT, M. D., superintendent.

"The Evolution of Nursing." Delivered at graduation exercises, training school for nurses, Rochester State Hospital, July 7, 1915.

"Differential Diagnosis of the Benign and Organic Psychoses." Delivered before the Schuyler County Medical Society, May 11, and the Yates County Medical Society, July 6, 1915.

GORDON PRIESTMAN, M. D., assistant physician.

"The Causes of Death in Mental Disease." Read at a meeting of the Yates County Medical Society at Dundee, N. Y., October 5, 1915.

HUDSON RIVER

CHARLES W. PILGRIM, M. D., medical superintendent.

"A Plea for the Feeble-Minded." Read before the Mothers' Assembly (State Association of Mothers' Clubs).

HOWARD P. CARPENTER, M. D., senior assistant physician.

"Practical Deductions to be Derived from Examinations of the Blood." Read before the First District Branch, New York State Medical Society, Nyack.

BUFFALO

ARTHUR W. HURD, M. D., superintendent.

Paper on "Cerebral Syphilis," as part of the symposium on that subject. Read at the annual meeting of the State Medical Society April 27-29.

"The Organization of the New York State Hospitals," with special reference to executive and business management. Published in the *Modern Hospital*, St. Louis, June, 1915.

"Insanity and Criminality." Public address in the autumn of 1914 at Delaware Avenue Methodist Episcopal Church.

GEORGE W. GORRILL, M. D., first assistant physician.

A psychiatric study of the admissions to the hospital for the year 1914-15, for the annual report.

JOSEPH B. BETTS, M. D., senior assistant physician.

Report of the laboratory and analytical study of autopsy material for the year 1914-15, for the annual report.

HELENE KUHLMANN, M. D., woman physician.

"Character Building." Given before the Mothers' Club, Niagara Falls, N. Y., October, 1914.

"Prevention of Mental Defect." Given before the Women's Club of the Jewish Community House, October, 1914.

"Mental Hygiene." Given before the Mothers' Club of School 41, February, 1915.

"Mental Hygiene." Read before the Women's Club of Lafayette Church, Buffalo, N. Y., March, 1915.

BINGHAMTON

CHARLES G. WAGNER, M. D., superintendent.

"The Care and Treatment of the Insane." Address before the Current Topic Club of Elmira, N. Y., March 8, 1915. The address was illustrated with lantern slides showing the hospital buildings, types of insanity and the treatment of the insane.

"Insanity and its Relations to Public Hygiene." Address at a meeting of the Mental Hygiene Committee of the State Charities Aid Association at Colgate University, Hamilton, N. Y., April 20, 1915.

On May 11, 1915. Dr. Wagner exhibited a series of moving pictures illustrative of the care and treatment of the insane in New York State, and gave an explanatory lecture in connection therewith, at the annual meeting of the American Medico-Psychological Association at Fortress Monroe, Va.

"The Duties of the Trained Nurse." Address delivered at the graduation exercises of the Binghamton State Hospital training school for nurses, October 26, 1915.

THEODORE I. TOWNSEND, M. D., first assistant physician.

"Classification of the Psychoses; Some of the Difficulties in Diagnosis." Read before the Binghamton Academy of Medicine, June 15, 1915.

EDWARD GILLESPIE, M. D., senior assistant physician.

"Manic-Depressive Psychosis." Read before the Binghamton Academy of Medicine, June 15, 1915.

WILLIAM J. TIFFANY, M. D., senior assistant physician.

"Pathological Changes in Cerebral Syphilis and General Paralysis." Read before the Binghamton Academy of Medicine, June 15, 1915.

ROSS MCC. CHAPMAN, M. D., senior assistant physician.

"Psychoneuroses." Read before the Binghamton Academy of Medicine, June 15, 1915.

ST. LAWRENCE

R. H. HUTCHINGS, M. D., superintendent.

A course of lectures on mental diseases in March, 1915, Medical Department, Syracuse University.

"Differential Diagnosis in States of Unconsciousness." Read before the Ogdensburg Medical Society, June 1, 1915.

"State Hospital Dietaries." Read before the American Home Economics Association, Lake Placid, N. Y., June 26, 1915.

President's address, "The Treatment of Paresis and Locomotor Ataxia," to the St. Lawrence County Medical Society, October 5, 1915.

P. G. TADDIKEN, M. D., first assistant physician.

"Constitutional Inferiority." Read before the Ogdensburg Medical Society, January 19, 1915.

"Mental Hygiene." Read in Potsdam, N. Y., at the Child's Welfare Exhibit, under the auspices of the State Department of Health, March 25, 1915.

Address to the nurses' graduating class, City Hospital, Ogdensburg, N. Y., May 27, 1915.

C. ROSS MILLER, M. D., assistant physician.

"Recent Advances made in the Treatment of Tuberculosis." Read before the Ogdensburg Medical Society, April 20, 1915.

H. L. LEVIN, M. D., assistant physician.

"Differential Diagnosis of the Several Neuroses from the Freudian Viewpoint." Read before the Ogdensburg Medical Society, January 5, 1915.

H. S. GREGORY, M. D., assistant physician.

"Lange Colloidal Gold Test." Read before the Ogdensburg Medical Society, March 2, 1915.

H. J. WORTHING, M. D., assistant physician.

"Alcoholism." Read before the Ogdensburg Medical Society, March 16, 1915.

Report of some cases of general paralysis and tabes treated by intra-spinous injections of mercurized serum, and the presentation of patients, before County Medical Society, October 5, 1915.

A talk on "Mental Hygiene," to the students in the Malone High School, December 16, 1915.

GOWANDA

C. VON A. SCHNEIDER, M. D., first assistant physician.

"Studies on Alcoholic Hallucinoses." Read before the inter-hospital meeting at Gowanda, June 9-10, 1915.

"Factors other than Alcohol in the Production of Alcoholic Psychoses." Read before the New York State Homeopathic Medical Society at Albany, April 14, 1915.

EARL V. GRAY, M. D., senior assistant physician.

"Dementia Præcox Cases with Former Psychoses." Read before the inter-hospital meeting at Gowanda, June 9-10, 1915.

FREDERICK P. SCHENKELBERGER, M. D., senior assistant physician.

"Dementia Præcox Cases Illustrating Inadequate Adaptation to Adult Love." Read before the inter-hospital meeting at Gowanda, June 9-10, 1915.

PERCY R. VESSIE, M. D., assistant physician.

"Blood Pressure in Insanity." Read before the inter-hospital meeting at Gowanda, June 9-10, 1915.

ANNE E. PERKINS, M. D., woman physician.

"Correlation of Pelvic Diseases and Insanity." Read before the inter-hospital meeting at Gowanda, June 9-10, 1915.

"Causes of Feeble-Mindedness." Read before the Buffalo Mothers' Club. Published in *The Nurse*, March, 1915.

"Hygiene." Published in *The Nurse*, October, 1915.

"Nursing in Italy." Published in *The Nurse*, November, 1915.

MOHANSIC

ISHAM G. HARRIS, M. D., superintendent.

"Care and Treatment of the Insane, Past and Present." Lectures delivered at White Plains, March 5, and at Peekskill, March 12, 1915.

KINGS PARK

S. BUSBY ALLEN, M. D., ophthalmologist.

"A Case of Pannus Occurring as a Sequela of Trachoma." Presented before the Suffolk County Medical Society at a semi-annual meeting held at this hospital, May 7, 1915.

C. FLOYD HAVILAND, M. D., first assistant physician.

"Points of Interest to the Medical Profession Pertaining to the Commitment of the Insane." Read before the Suffolk County Medical Society at a semi-annual meeting held at this hospital, May 7, 1915.

"What are the Advantages of an Occupation Schedule." Contribution to a symposium on diversional occupation read before the American Medico-Psychological Association at the annual meeting held at Old Point Comfort, Virginia, May 13, 1915.

WILLIAM C. GARVIN, M. D., first assistant physician.

"A Presentation of Patient with History, a Case of Apparent Post Typhoid Defect Condition." Read before the Ward's Island Psychiatric Society in May, 1915.

AARON J. ROSANOFF, M. D., first assistant physician.

"Causes and Prevention of Insanity." Read before the Suffolk County Medical Society at a semi-annual meeting held at this hospital, May 7, 1915.

"A Programme of Psychiatric Progress." *Medical Record*, February 20, 1915.

"Some Neglected Phases of Immigration in Relation to Insanity." Read before the American Medico-Psychological Association at the annual meeting held at Old Point Comfort, Virginia. May 13, 1915.

"Preliminary Report of a Study of the Offspring of the Insane." Read before the Eugenics Research Association at the annual meeting held at Cold Spring Harbor, L. I., May 27, 1915; also read before the American Genetic Association at the annual meeting held at the University of California, Berkeley, Cal., August 4, 1915. (In collaboration with Miss Helen E. Martin.)

"Is Insanity on the Increase?" *Journal of the American Medical Association*, July 24, 1915.

"Evaluation of Reactions in an Association Test, Designed for the Purpose of Higher Mental Measurements." Read before the American Association for the Advancement of Science at the annual meeting held at Stanford University, Cal., August 5, 1915. Published in the *State Hospital Bulletin*, August, 1915.

"A Study of Eugenic Forces. Particularly of Social Conditions which Bring About the Segregation of Neuropathic Persons in Special Institutions." *Amer. Journ. of Insanity*, October, 1915.

"Causes of Insanity." Read before the Men's Club, Emanuel Baptist Church, New York City, October 11, 1915.

"Alcohol in Relation to Mental Disease." Read at a public meeting held in Boston on November 18, under the auspices of the Massachusetts Society for Mental Hygiene. Also before the American Society for the Study of Alcohol and other Narcotics, at Washington, D. C., on December 16.

WALTER H. SANFORD, M. D., senior assistant physician.

"Clinical Demonstrations of the Commoner Forms of Insanity." Read before the Suffolk County Medical Society at a semi-annual meeting held at this hospital, May 7, 1915.

CHESTER L. CARLISLE, M. D., senior assistant physician.

"Clinical Demonstrations of the Commoner Forms of Insanity." Read before the Suffolk County Medical Society at a semi-annual meeting held at this hospital, May 7, 1915.

WILLIAM C. SANDY, M. D., and CHARLES G. MCGAFFIN, M. D., assistant physicians.

"Pneumococcic Infection of the Throat." *Medical Record*, September 11, 1915.

MANHATTAN

WILLIAM MABON, M. D., superintendent.

"What Can be Done for the Insane." A popular lecture delivered at the People's Institute, Cooper Union, December 18, 1914.

"The Care of the Insane." Published in the *Manhattan State Hospital Alumni News*, April, 1915.

"The Medical Organization of State Hospitals for the Insane." Published in the *Modern Hospital*, for May, 1915.

"The Present Standard of Medical Care and Treatment in State Hospitals." Read at the Mental Hygiene Conference at Albany, March 24, 1915, and published in the *State Hospital Bulletin*.

GEORGE H. KIRBY, M. D., clinical director of psychiatry.

"Syphilis and Insanity." A popular lecture delivered at the People's Institute, Cooper Union, December 18, 1914.

"Staff-Conferences." Read at the Quarterly Conference of the State Hospital Commission with the Superintendents at Albany, February 18, 1915.

"Alcohol, Syphilis and Insanity." Published in the *State Hospital Bulletin* and read at the Mental Hygiene Conference at Albany, March 25, 1915.

"Mental Health Problems Due to Syphilis." Read at the meeting of the American Public Health Association at Rochester, N. Y., September 9, 1915.

ERNEST M. POATE, M. D., senior assistant physician.

"Dementia Præcox with Depressive Onset—Its Differentiation from Manic-depressive Insanity." Read before the Ward's Island Psychiatric Society, December 21, 1914, and published in the *State Hospital Bulletin*, August, 1915.

WILLIAM C. GARVIN, M. D., senior assistant physician.

"Infective-exhaustive Psychoses after Typhoid Fever." Read before the Ward's Island Psychiatric Society, March 15, 1915.

FRANCES H. WEATHERBY, M. D., medical interne.

"A Case of Transverse Myelitis after Administration of Salvarsan." Reported before the Ward's Island Psychiatric Society, April 26, 1915.

PSYCHIATRIC INSTITUTE

AUGUST HOCH, M. D., director.

"Early Manifestations of Mental Disorders." Read before the State Conference on Mental Hygiene, Albany, March 23, 1915. Published in the *State Hospital Bulletin*, May, 1915.

"Some Theoretical Difficulties in the Formulations of Psychoanalysis." Presidential address given at the meeting of the American Psychoanalytic Association, New York, May 4, 1915.

"Prevalent Topics in Manic Productions and Their Significance." Read before the Ward's Island Psychiatric Society, May 24, 1915.

"Some Forms of Arteriosclerotic Dementia." Read at the Inter-hospital meeting at the Gowanda State Hospital, June 9, 1915.

W. W. WRIGHT, M. D., senior assistant physician.

"Differentiation of Two Groups of Arteriosclerotic Brain Disease." Read before the Ward's Island Psychiatric Society, April 26, 1915.

JOHN T. MACCURDY, M. D., assistant in psychiatry.

"On the Individualistic and Social Instincts as Psychic Forces." Read before the American Psychoanalytic Association, May, 1915.

(With WALTER L. TREADWAY, M. D.)

"Constructive Delusions." Read at the American Psycho-Pathological meeting, May, 1915.

CLARENCE O. CHENEY, M. D., assistant physician for autopsies.

"A Case of General Paralysis of Short Duration." Read before the Section of Neurology and Psychiatry, New York Academy of Medicine, January 12, 1915.

Contribution to the annual report of the superintendent of Manhattan State Hospital.

MATHILDE L. KOCH, B. S., M. S., special assistant in chemistry.

(With CARL VOEGTLIN, M. D.)

"Comparison of the Chemical Changes in the Central Nervous System in Pellagra and in Animals on an Exclusive Vegetable Diet." Read before the Federation of American Societies for Experimental Biology, Boston, December 29, 1915.

STATE HOSPITAL COMMISSION

JAMES V. MAY, M. D., medical member.

"What the State is Doing for the Insane." Read before the State Conference on Mental Hygiene, Albany, N. Y., March 24, 1915. Published in the *State Hospital Bulletin*, May, 1915.

"Some of the More Recent Problems Connected with the State Care of the Insane." Read by title at the annual meeting of the American Medico-Psychological Association, May 11, 1915.

"Supervision of Institutions for the Insane in the State of New York." Read at the Conference of Hospital Superintendents and Boards of Managers, May 19, 1915. Published in the *State Hospital Bulletin*, August, 1915.

EVERETT S. ELWOOD, secretary.

"The State's Opportunity in the Prevention of Insanity." Read at the State Conference on Mental Hygiene at Albany, March 23, 1915. Published in the *State Hospital Bulletin*, May, 1915.

WALTER G. RYON, M. D., medical inspector.

Annual report of Medical Inspector for year ending September 30, 1915; published in the 27th Annual Report of the State Hospital Commission.

"Standards of Medical Care and Treatment in Public and Private Institutions of New York State. Read before the Conference of Superintendents and Managers, December 15, 1915.

HORATIO M. POLLOCK, Ph. D., statistician.

"Problems of Insanity." Address to the students of the Unitarian School for the Ministry, Berkeley, California, March 26, 1915.

"Use and Effect of Alcohol in Relation to the Alcoholic Psychoses." *State Hospital Bulletin*, August, 1915.

"Annual Statistical Review of the Insane in the State Hospitals and Private Licensed Institutions," in Annual Report of State Hospital Commission for 1914, pp. 558-701.

"A Statistical Comparison of Operations and Results in the Several State Hospitals." Read at Conference of Commission with Managers and Superintendents, December, 1915.

WILLIAM J. NOLAN, A. M., assistant statistician.

"Statistical Studies of the Insane for the year 1914." Read at Conference of Commission with Managers and Superintendents, May, 1915. Published in *STATE HOSPITAL QUARTERLY*, November, 1915.

SUMMARY OF THE WORK OF THE PURCHASING COMMITTEE
OF THE STATE HOSPITALS DURING YEAR
ENDING SEPTEMBER 30, 1915.

The joint Purchasing Committee acting as representatives of the fourteen State hospitals and consisting of Superintendents Howard of the Rochester State Hospital; Hutchings of the St. Lawrence State Hospital; Ashley of the Middletown State Hospital, also of Stewards Pitcher of the Kings Park State Hospital and Watson of the Manhattan State Hospital, have continued during the year to perform the statutory duties assigned to them. Competitive bids on all of the large staples used by the hospitals have been obtained and the Committee has awarded contracts in each instance to the lowest responsible bidder.

The largest items contracted for during the year were flour, of which upwards of 41,000 barrels were bought; cereals, of which a huge quantity was purchased; fresh meats, of which upwards of 6,000,000 pounds was contracted for; provisions of different kinds, salt fish, canned goods, wet and dry groceries, dried fruits, leather, fertilizers, electric lamps, cotton dress goods including linings and duck, and coal; the total amount contracted for by the Committee being close to \$2,000,000.

The Committee has made these contracts as far as practicable with manufacturers or their immediate agents. It has perfected a system of chemical analyses in its laboratory at the Binghamton State Hospital as a result of which the quality and grades of all goods for State hospital use are clearly determined before contracts are made and also during the life of the contracts.

During the year the Committee held six regular and two special meetings; receiving 570 bids and made 228 contracts. All meetings were open to the public and detailed reports of bids received and awards made were furnished to all bidders. The European war tended to make the Committee's work especially trying during the year, markets generally having been greatly disturbed. Marked advances occurred in the prices of meats, fresh and salt, flour, sugar, and this necessitated in some instances the substitution of less expensive articles of dietary.

In its annual report the Purchasing Committee will republish a chart of the Bureau of Labor statistics illustrating the range of whole-

sale prices 1890-1914, and will show in comparison with the later prices prevailing in the open market that better figures for the same quality of goods have been obtained through the wide competition secured by the Committee. The Committee was able to make especially good bargains during the summer months for cotton goods required by the hospitals; the prices for these supplies having markedly increased directly after the contracts had been completed. The Committee also has taken necessary steps to insure a sufficient supply of coal at the different hospitals to guard against any possible shortage in the event of a strike in the early spring.

As the work of the Committee has continued it has been found possible to extend its scope in various directions and at the same time to lessen its disbursements. A reduction of expenses of the department of approximately 33 per cent will be made during the current year.

GENERAL STATISTICAL INFORMATION RELATING TO THE INSANE AND THE MANAGEMENT OF THE STATE HOSPITALS

CENSUS OF DECEMBER 31, 1915.

1. Patient population:

State hospitals including paroles.....	34,593
State hospitals, excluding paroles.....	33,145
Institutions for criminal insane.....	1,370
Private licensed institutions.....	980
<hr/>	
Total, including paroles.....	36,943
Average daily population of State hospitals for quarter ending December 31, 1915.....	
	34,469
Average daily number on parole during quarter.....	1,297
Patients on parole at end of quarter....	1,448

2. Capacity and overcrowding:

Capacity	27,818
Overcrowding:	
Number	6,774
Per cent.....	24.4

3. Medical service:

Superintendents	14
First assistant physicians.....	*16
Senior assistant physicians.....	50
Assistant physicians.....	58
Women physicians.....	18
Medical internes.....	24
<hr/>	
Total.....	180

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 192
Excluding superintendents.....	1 to 207
Excluding superintendents and internes	1 to 244

4. Employees:

Average number of employees in December, 1915.	6,227
Ratio of employees to patients.....	5.56

*Includes Assistant Superintendent at Central Islip.

5. Aliens and non-residents:

Aliens deported during quarter ending	
December 31, 1915.....	77
Non-residents removed during quarter .	96

6. Financial:

Total <i>cost</i> of maintenance of civil State hospitals	
during year ending September 30, 1915.....	\$6,844,746.48
Per capita <i>cost</i> of maintenance.....	210.25

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING DECEMBER 31, 1915.

	Octo- ber	Novem- ber	Decem- ber	Total
Aliens deported to other countries:				
Expense of friends.....	8	4	3	15
U. S. Immigration Service.....	4	12	14	30
Expense of State.....	13	9	10	32
Total.....	25	25	27	77
Non-residents returned to other States:				
Expense of State.....	14	26	13	53
Expense of friends.....	16	14	13	43
Total.....	30	40	26	96
Total aliens deported and non-residents re- turned.....	55	65	53	173

**MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE QUARTER ENDING DECEMBER 31, 1915, AS REPORTED
BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING.**

HOSPITAL	Census Oct. 1, 1915	ADMISSIONS				DISCHARGES								OVER-CROWDING			
		First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census Dec. 31, 1915	Certified Capacity	Number	Per cent
Utica.....	1,691	74	21	2	97	19	7	11	6	3	55	2	103	1,685	1,382	303	21.9
Willard.....	2,455	43	15	53	111	33	6	11	5	..	49	4	108	2,458	2,015	443	22.0
Hudson River.....	3,361	104	20	123	247	6	13	18	4	5	60	3	169	3,499	2,810	689	25.0
Middletown.....	2,167	48	6	25	79	3	6	11	4	2	38	1	65	2,181	1,985	196	9.8
Buffalo.....	2,142	80	24	2	106	5	9	6	4	..	43	4	68	2,180	1,704	476	21.9
Binghamton.....	2,409	54	11	79	144	11	6	12	1	4	45	2	81	2,442	2,110	332	17.2
St. Lawrence.....	2,132	53	16	102	171	5	7	12	5	..	41	4	76	2,227	1,776	451	25.4
Rochester.....	1,573	68	32	26	125	12	12	24	4	1	20	1	97	1,612	1,294	304	23.4
Gowanda.....	1,222	37	22	1	60	3	..	13	2	1	20	1	40	1,242	998	244	24.4
Mohantic.....	61	..	..	..	..	..	..	..	..	..	..	63	..	1	..	1,112	..
Kings Park.....	4,445	214	58	14	286	32	40	30	18	1	94	7	222	4,569	3,397	1,172	32.7
Long Island.....	820	78	10	8	96	22	6	8	7	3	56	6	708	808	637	1,111	26.8
Manhattan.....	295	82	26	26	43	61	33	34	16	1	134	2	533	4,821	3,699	1,122	30.3
Central Islip.....	4,876	330	78	16	424	42	26	36	25	3	144	116	352	4,908	4,017	891	22.2
Total.....	34,308	1,478	395	477	2,350	254	151	226	101	23	822	408	2,065	34,593	27,818	6,774	24.4

VOL. I

MAY, 1916

No. 3

THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

ANDREW D. MORGAN, }
FREDERICK A. HIGGINS, } Commissioners

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APPOINTMENT OF COMMISSIONER JAMES V. MAY
AS SUPERINTENDENT OF THE WORCESTER
(MASS.) STATE ASYLUM.

Dr. James V. May, medical member and chairman of the State Hospital Commission, having accepted appointment to the position of Superintendent of the Worcester State Asylum, located at Grafton, Mass., assumed the duties of the position on May 8, 1916.

Dr. May served as State Hospital Commissioner since December 30, 1911, having been appointed on that date by Governor Dix to succeed Dr. Albert Warren Ferris, resigned.

The following account of Dr. May's career up to the time of his appointment to the State Hospital Commission appeared in the *State Hospital Bulletin* in February, 1912:

"Dr. May was born in Lawrence, Kansas, on July 6, 1873, and was graduated from the University of Kansas, receiving the degree of A. B. in 1894. His medical education was obtained at the University of Pennsylvania, where he was graduated with the degree of M. D. in 1897. After graduation he served a full term as resident physician at the Philadelphia Hospital (Blockley) now known as the Philadelphia General Hospital. He served as an assistant physician at the Brigham Hall Hospital, a private institution for the insane at Canandaigua, N. Y., in 1899 and 1900. On April 20, 1900, he was appointed as acting assistant surgeon in the United States Army, remaining on active duty until September 10, 1902, and serving for over a year in the Philippine Islands. In recognition of these services he now holds a commission as first lieutenant in the Medical Reserve Corps of the United States Army. Dr. May has been connected with the State hospital service since the time of his appointment as junior physician at the Manhattan State Hospital, Central Islip, in September, 1902. Shortly afterwards he was transferred to the Binghamton State Hospital, where he served in the various grades of the medical staff and succeeded Dr. H. Wardner Eggleston as first assistant physician. He was married to Miss Ada L. Arms, daughter of Taylor L. Arms, of Binghamton, in June, 1905. Dr. May was appointed Medical Superintendent of the Matteawan State Hospital by Col. Joseph F. Scott, Superintendent of State Prisons, in August, 1911. He has been a frequent contributor to the various medical journals and magazines. As an assistant physician he attended several courses of instruction given by Dr. Adolf Meyer, at the Psychiatric Institute, and for a

number of years had charge of the laboratory and pathological work at the Binghamton State Hospital. Dr. May is a member of the New York State Medical Society, the American Medical Association and the American Medico-Psychological Association. He is a 32d degree Scottish Rite Mason and a member of the Mystic Shrine."

RESOLUTIONS ADOPTED BY QUARTERLY CONFERENCE
HELD AT BINGHAMTON, MAY 2, 1916.

WHEREAS, The State of New York is to lose the services of Dr. James V. May by his resignation as State Hospital Commissioner, we, his fellow Commissioners, the Managers and the Superintendents of the State Hospitals have at this our quarterly meeting, in Binghamton, May 2, 1916, unanimously passed the following resolutions:

RESOLVED, That we his associates for years convey to him in no perfunctory way our regard and our appreciation of the fair and conscientious manner in which he has discharged his duties as Commissioner, often under trying conditions. With him go not only our affectionate regard, but our best wishes for his future success and the health and happiness of his family.

RESOLVED, That, while we congratulate the State of Massachusetts in acquiring Dr. May as Superintendent of the Grafton State Hospital, we feel that our State loses a Commissioner of ability, culture and highest integrity, an accomplished physician and an officer especially fitted for and devoted to the interests of the insane.

RESOLVED, That these resolutions be spread upon the minutes of the conference and that one copy thereof be sent to Dr. May.

[EDITORIAL—*Utica Daily Press*, April 18, 1916.]

It is announced at Albany that Dr. May, who has been the medical member of the State Hospital Commission for some time, has resigned to accept the superintendency of a hospital in another State. He was formerly an assistant to Dr. Charles G. Wagner at Binghamton, and then by successive promotion secured the place which he has filled acceptably for some years. He is to be credited with

having worked hard, done his best, laboring zealously to promote the welfare of the institutions, though at times it has seemed as if the Commission was expected to make bricks without straw. The State has been none too generous with these institutions and really ought to have done more in their behalf, but the Commission did and is doing all it can with what it has to do with, in the hope that more funds will be provided with which to do what is absolutely necessary and imperative. On many accounts the superintendency of an institution is a more attractive and certainly a much easier place. Dr. May leaves the service with the good will and good wishes of all officially connected with it, who hope that fame and fortune will attend him whenever he goes and whatever he does.

STANDARDS OF MEDICAL CARE IN THE STATE HOSPITALS AND LICENSED INSTITU- TIONS IN NEW YORK STATE

BY WALTER G. RYON, M. D.,
Medical Inspector.

In reviewing standards of medical care one must not only include the medical service, but the nursing service, the occupation and treatment of patients, and the after-care work of the hospitals as well.

Each of our hospitals has a trained medical staff, a well-organized training school for nurses, and excellent facilities for the amusement, occupation and medical treatment of patients, and it is well known that the medical work of our State hospitals is conducted on a high plane, and has for some time been looked upon as a standard by other States.

It is not the purpose of this paper to describe in detail the examination, occupation or treatment of patients, but rather to bring to your attention some shortcomings in the medical work and care observed during the year, with a view to a wholesome discussion of the causes and their possible correction.

A review of the medical work for the past year shows that of the 8516 admissions to our civil and criminal State hospitals, and regularly assigned to the members of the medical staff for examination, 1457 remained uncompleted and unsummarized, or in other words, a real study and careful formulation of these cases has not been made. This number excludes the Kings Park State Hospital, which reports that "since the reduction of the medical staff and the stenographic force in May, 1914, conditions have prevailed which rendered impossible, for the time being, the continuance of the preparation of summaries in all cases." Thus it may be reasonably concluded that at this hospital there has been no systematic attempt to summarize cases during the past fiscal year.

While the large number of unfinished cases may be due in part to the fact that a number of them were admitted but shortly before the close of the fiscal year, and that a reduction in the medical staff and in the stenographic force has rendered it difficult to accomplish the completion of the examination and the summarizing of cases admitted, I am of the opinion that in many instances the proper interest in this work has relaxed somewhat, as otherwise these difficulties should not deter the physicians remaining from exerting their best efforts to accomplish as much as possible along this line.

The accompanying table (Table 1) which you have before you, prepared by Dr. Horatio M. Pollock, Statistician of the State Hospital Commission, showing a comparative study of the per cent distribution of certain psychoses among first admissions for the years 1914 and 1913, shows remarkable variations in the percentages of the manic-depressive, dementia præcox and alcoholic psychoses, especially at the Binghamton, Utica, Hudson River, St. Lawrence, Middletown and Gowanda State Hospitals, and at once raises the question of agreement in diagnosis. It is striking that at the Binghamton State Hospital there should be an increase of over eleven per cent in the cases of dementia præcox and a reduction of nearly six per cent in the manic-depressive group in 1914 as compared with 1913. In comparing the two years we find at Utica wide discrepancies exist both in the manic-depressive and alcoholic groups, at Hudson River and St. Lawrence in the manic-depressive, and at Middletown and Gowanda in the alcoholic psychoses. It is hard to account for such discrepancies other than on a basis of disagreement in diagnosis, for surely the character of the admissions can not have changed to such a degree in one year. It is manifestly true, as shown by the tables before you, that the hospitals differ but slightly in percentage distribution of the organic psychoses, nor does the total percentage distribution of the constitutional psychoses show such wide discrepancies, but it is when we study the percentage distribution of the separate constitutional psychoses

TABLE No. 1. PER CENT DISTRIBUTION OF CERTAIN PSYCHOSES AMONG FIRST ADMISSIONS,
1914 AND 1913

State Hospital	Senile		Dementia paralytica		Alcoholic insanity		Dementia præcox		Manic- depressive	
	1914	1913	1914	1913	1914	1913	1914	1913	1914	1913
Utica	12.4	13.3	9.6	9.1	6.4	14.2	12.1	11.2	7.3	13.0
Willard	19.7	19.3	9.0	5.6	9.0	10.7	7.4	12.2	9.6	6.1
Hudson River	11.2	9.4	9.4	11.0	8.7	10.3	20.1	17.1	10.5	18.5
Middletown	10.0	9.0	7.2	4.1	6.1	11.0	11.7	11.7	8.3	8.3
Buffalo	7.5	10.7	11.7	9.3	10.0	12.4	19.7	18.6	7.8	10.3
Binghamton	8.3	12.9	7.4	4.3	5.4	7.1	16.2	4.8	2.9	8.6
St. Lawrence	11.8	13.6	7.0	7.5	8.9	13.6	12.2	9.8	7.0	15.8
Rochester	11.5	12.4	8.9	8.6	9.3	8.3	21.2	21.4	3.3	6.2
Gowanda	9.1	5.6	16.0	23.1	7.4	13.1	24.6	20.6	6.9	5.0
Kings Park	5.1	4.9	13.4	13.5	5.7	6.0	16.7	19.6	7.6	7.0
Long Island	16.9	17.6	10.9	11.9	10.7	10.5	7.4	8.4	7.9	10.8
Manhattan	7.5	9.4	15.6	13.9	5.4	7.5	19.1	17.4	11.0	12.6
Central Islip	5.3	6.5	13.8	17.8	8.5	10.0	23.4	22.1	18.8	14.3
Total	8.7	9.8	12.3	12.7	7.4	9.4	18.0	16.8	10.6	11.6

that the disagreement in diagnosis occurs. Such results show the necessity of a complete study of the situation and the underlying causes, which should be undertaken during the coming year.

During the past few years the State hospitals have increased so much in size that it is not now possible for the superintendents and first assistants, the greater part of whose time is absorbed by administrative duties, to devote the time they formerly gave to the details of medical work.

I am of the opinion that it would be of great assistance to them, and that such disagreements in diagnosis may in part be overcome by the selection in each hospital of a physician to act as director of clinical psychiatry, such selection to be made by the superintendent with the approval of the Director of the Psychiatric Institute and of the State Hospital Commission.

These men should supervise and direct the clinical work of the hospital and be directly responsible to the superintendent for the same. The clinical director should in turn hold the members of the staff responsible for their work, and by reviewing the work from day to day, see that the highest possible efficiency is maintained. It should also be his duty to report to the superintendent any laxity in the clinical work on the part of any member of the medical staff engaged therein, which if not remedied by that physician should mean his being replaced by one who will take a more active interest in his work.

The examination and study of new patients admitted should largely be centered upon the reception services, which should be in charge of senior assistant physicians trained in psychiatric methods, and arrangements should be made so that the other members of the medical staff can be designated in turn for work on these services. To more adequately provide for this, there should be three physicians designated to the reception services in order that there shall be at least two who will be more or less permanently assigned to these services, while the third physician will be supplied by rotation of the other members of the staff.

To the men who perchance spend a large part of their time upon chronic services I wish to say that here exists also a great opportunity for study, as the physician who segregates and makes an intensive study of the organic cases on his service accomplishes much, not only in the scientific field, but certainly raises the standard of the medical work of the institution with which he is associated. More interest should be shown by the members of the medical staff of our several hospitals in the Psychiatric Institute and the physicians should visit the Institute more frequently, not only to avail themselves of new methods, but to discuss with the Director such problems in their work as they find difficult to solve. It would also add to the efficiency of the medical work if arrangements could be made whereby the newly appointed physicians in each of our hospitals, after serving for a stated period at the hospital in order to acquaint themselves with the character and scope of the medical work, be required to take a course of instruction on the wards of the Institute.

Not only have there been shortcomings in the psychiatric work, but the pathological work has suffered as well. During the year 3079 patients died in the civil and criminal State hospitals. Of these 1121 came to autopsy, or a percentage of 37.06. While the general percentage differs little from that in 1914, which was 37.2, the accompanying table (No. 2) shows a marked difference in the number of autopsies performed in the various hospitals during the past fiscal year.

While it is realized that in many cases it is impossible to obtain permission for autopsies because of racial or religious beliefs, and this is particularly true in the hospitals of the metropolitan district, there should be no diminution in the interest taken by the hospitals in this regard, in order that this very important branch of the work shall not be neglected.

Staff meetings averaging from two to six a week are held at each hospital. The nature of these meetings varies in different hospitals. In some the entire meeting is devoted to the presentation of cases with a full diagnostic summary, after which a careful discussion of each case takes place, with

TABLE No. 2. DEATHS AND AUTOPSIES IN THE STATE HOSPITALS FOR THE YEAR ENDING SEPTEMBER 30, 1915, AS COMPARED WITH THOSE OF THE YEAR ENDING SEPTEMBER 30, 1914

STATE HOSPITAL	Deaths		Autopsies		Percentage of autopsies	
	1915	1914	1915	1914	1915	1914
Binghamton	208	186	162	124	77.88	67.38
Matteawan	31	43	23	20	74.19	46.51
Dannemora	12	11	8	8	66.66	72.72
Gowanda	60	72	40	49	66.66	68.61
Utica	137	141	84	92	61.31	65.24
Willard	196	183	116	85	59.18	46.99
Hudson River....	277	290	138	142	49.81	48.97
St. Lawrence....	138	146	65	85	47.1	58.22
Buffalo	168	167	71	69	42.25	41.31
Middletown	121	103	46	46	38.01	45.63
Kings Park.....	351	337	115	118	32.79	34.83
Central Islip.....	455	443	102	107	22.41	24.15
Long Island.....	162	176	34	33	20.99	18.75
Rochester	163	164	26	39	15.94	23.17
Manhattan	600	600	94	123	15.66	20.50
Total.....	3079	3062	1121	1140	37.06	37.2

a view to pointing out errors in diagnosis, or discrepancies in the record, thus stimulating the physician presenting the case to his very best effort in its preparation. At others, questions of administration are discussed at the staff meeting in addition to the cases presented. At some hospitals I have noticed the tendency to call upon the medical staff in the order of their seniority when discussing the cases so that one is very apt to hear, as the person conducting the meeting calls on each one in turn, the expression "I agree with the diagnosis," or else practically a repetition of some previous discussion. I think this is a bad practice and that in conducting the discussion the presiding officer should call on the physicians at random and not in any fixed order, so that none will know who is to be selected to open the discussion. This would certainly sharpen the interest of all in the staff meeting, for no one would relish the embarrassment and chagrin of not being prepared. In many of the hospitals one staff meeting is set aside for the presentation of pathological material. At this meeting the pathologist of the hospital presents the clinical records, the autopsy findings and

the material worked up on each case which has come to autopsy since the previous meeting. I think it a good plan for the pathologist personally to prepare the clinical abstract of the case so that errors in diagnosis and discrepancies in the record as compared with the autopsy findings would be more fully brought out. Possibly no one would enjoy the criticisms that this method might bring forth, but nevertheless such criticism would result in more careful methods, and an increase in efficiency upon the part of the medical staff.

At the Matteawan and Dannemora State Hospitals no regular system of holding staff meetings has been inaugurated. At Dannemora an informal staff meeting is held during the week on the wards, when the new patients are discussed. At Matteawan, I am informed by the superintendent, that it is proposed to soon organize regular systematic summarizing of cases and to set aside definite days for staff meetings.

There still remains a great necessity and a large field for prevention and after-care. No additional after-care agents have been provided during the year and there still remain ten hospitals without these necessary social workers. The success attained at the hospitals which now employ after-care agents emphasizes their advantages. Such persons would be of assistance in extending the dispensary work already undertaken in some of our hospitals and would be of efficient service also in supervising the patients paroled from our institutions. By means of dispensaries with social workers it would be possible to reach many of the mentally ill in the early stages of their disorder, and perhaps obviate the necessity of hospital care. Dispensaries or out-patient departments have been established in but one additional hospital during the year, making a total of six hospitals which have already established such departments. During the last fiscal year 512 patients were seen at these dispensaries, and of these but 79 were admitted to our institutions, leaving 433, or 84.5 per cent, who were guided through their difficulties in such a manner as to escape commitment. Such a result as this is the strongest argument that can be advanced for

the establishment of dispensaries throughout our entire State hospital system.

In addition to such local dispensaries there should be centers established in each hospital district, preferably in the larger cities or villages, where an experienced physician from the hospital staff could be detailed for dispensary work, not only to advise those applying for treatment, but to keep in touch with paroled patients, and also inform inquiring friends and relatives concerning the progress of their patients at the hospital. It is gratifying to note that the St. Lawrence State Hospital has already established fourteen such centers in the various counties comprising its hospital district.

During the year every effort has been made, consistent with the safety and welfare of the patients, to increase the number of paroled patients. While many of the hospitals have responded well, there still are many of the hospitals in which, in my opinion, the number of patients paroled could be safely increased. The accompany table (No. 3) gives the daily average population, the daily average number on parole, and the percentage of the daily average number on parole to the daily average population. A glance at the table plainly shows the variation in the interest shown in this regard in the various State hospitals. It is reasonable to suppose that as the class of patients admitted to our several State hospitals is more or less the same, to parole patients is as consistent with the safety and welfare of those confined in the hospitals which show the lowest percentage of paroles as it is in those which show the highest percentage. It is evident that many of the hospitals need to devote more attention to this important feature in order to compare more favorably with those attaining the higher percentage on parole, thus assisting in relieving in a large measure the overcrowded conditions now existing in our institutions. This should especially be the case in the hospitals already provided with dispensaries and after-care agents.

TABLE No. 3. TABLE SHOWING DAILY AVERAGE POPULATION, DAILY AVERAGE NUMBER ON PAROLE AND PERCENTAGE OF DAILY AVERAGE ON PAROLE TO THE DAILY AVERAGE POPULATION, FOR THE YEAR ENDING SEPTEMBER 30, 1915

Hospital	Daily average population	Daily average number on parole	Percentage of daily average number on parole to the daily average population
Utica	1589	109	6.9
Kings Park.....	4269	235	5.5
Rochester	1567	82	5.2
Central Islip.....	4912	238	4.8
Long Island.....	849	38	4.4
Buffalo	2151	82	3.9
St. Lawrence.....	2106	80	3.8
Manhattan	4992	144	2.9
Willard	2424	66	2.7
Gowanda	1184	30	2.5
Middletown	2056	50	2.4
Binghamton	2391	55	2.3
Hudson River.....	3282	67	2.2

In the work of prevention and after-care we must not lose sight of the fact that there is a prominent part which each State hospital may play as an educational center for the surrounding hospital district. Meetings of medical societies should be held at the hospitals, at which papers bearing upon these important subjects can be read by the members of the medical staff, various types of psychoses shown clinically, methods of treatment demonstrated, and welfare and preventive problems discussed. Each hospital should be prepared to send members of the medical staff to give lectures on these subjects in the neighboring cities and villages, upon request, and endeavor to strengthen the relations between the hospital and the community in every way possible.

I am of the opinion that in many instances in our hospitals the use of restraint and seclusion can be diminished, if not entirely abolished, and hydrotherapeutic measures, such as the warm pack or continuous warm bath, substituted. This is borne out by the fact that at the Hudson River State Hospital neither restraint nor seclusion have been used in

the past six years. The frequent use of restraint and seclusion incites one to the belief that there exists a lack on the part of the ward physician of thoughtful administration, of display of tact and careful nursing, and of knowledge of the individual characteristics of the patient in question, which if carefully studied may suggest other means of controlling his activities, such as occupation or other diversion, or more individual attention to the needs of the patient.

During the year 164 nurses were graduated from the training schools of our civil State hospitals, an increase of two as compared with the previous year. Of these 153 still remain in the service of the hospitals. There were 487 pupils in training at the close of the last fiscal year, a decrease of 20 as compared with the previous year. Including our graduate and pupil nurses, we have at the present time in our hospitals a trained nursing force which constitutes 33.19 per cent of the total number of employees engaged in the actual care of patients. Of the total number of graduates in our State hospitals, 191, or 26.8 per cent, have qualified with the Regents as Registered Nurses.

At the St. Lawrence State Hospital the course of instruction has been extended over a period of three years, in which is included a nine months' course at a general hospital. Such a course as this undoubtedly tends to increase the general standards and efficiency of the school, and should in the course of time be adopted in all of our State hospitals. In an extended course such as this, time should be found for instruction in occupational and reëducational methods and training in social service work, so that the hospitals would at all times have available assistants for dispensary and after-care work.

The lack of graduate nurses in the hospitals for the criminal insane is lamentable. In these State hospitals there are 156 employees engaged in the immediate care of the patients, of whom only 9 are graduate nurses. In neither hospital does a training school exist. The establishment of well-organized training schools for nurses at these institutions would, in my opinion, improve materially the present standards of care.

Among the larger number of the twenty-five licensed institutions there has been but little improvement in the medical work. At but one institution is there any attempt to maintain a scientific standard in psychiatric and research work. This institution also is the only one in which any attempt is made to carry out systematic pathological work. At but four others is any attempt made toward examination of patients by modern psychiatric methods, the physicians in charge of these institutions having been associated in recent years with the State hospital service. In the remaining institutions the histories are meagre and of a stereotyped character and tend to describe more the physical than the mental condition of the patients.

During the year 103 patients died in these institutions, only 5 of whom came to autopsy, or a percentage of 4.9 of the total number of deaths. While it is realized that it is extremely difficult in private cases to secure permission for autopsy, every possible effort should be made on the part of those in charge of these institutions to elevate the standards of laboratory methods and pathological work.

At the close of the fiscal year there were employed in these institutions 493 persons in the actual care of patients, of whom but 69 were graduate nurses. Forty-seven of these graduates were employed in 5 of these institutions, leaving the remaining 20 with but 22 graduates in all. In but one institution has a well-organized training school been established. It is quite essential, in my opinion, that the number of graduate nurses be increased and that where the size of the institution warrants it, a well-organized training school be established.

A little advance has been made in the employment of patients. At a few of these institutions classes have been established in wood working, chair caning, metal work, rug weaving, embroidery, basketry and raffia work, and at one institution, in addition to these occupations, classes in gymnasium and folk dancing have been established. These methods should be introduced into all of the institutions.

In but six institutions is there proper equipment for

hydrotherapeutic work. Such methods should be extended to other institutions.

During the year in these institutions, 38 patients were placed in restraint and 3 in seclusion. Restraint measures were adopted at eight and seclusion used at but two of the houses, the remainder using no such methods of treatment. While the forms of restraint were those prescribed by the State Hospital Commission, it is my opinion that such measures of treatment should be abolished entirely in the licensed institutions.

A closer relationship should exist between the State hospitals and the licensed institutions. The physicians of the latter should feel free to visit the Psychiatric Institute and the State hospitals and attend the inter-hospital meetings held from time to time at the several State hospitals, and thus familiarize themselves with modern psychiatric methods and with the work that is being done.

In this way the standard of care in these institutions could be improved, and the medical work put upon a higher scientific plane than now exists. All are interested in the same special work; all hope for the best results, and therefore all should work together for the best standards.

A STATISTICAL COMPARISON OF OPERATIONS AND RESULTS IN THE SEVERAL STATE HOSPITALS IN 1915

BY HORATIO M. POLLOCK, Ph. D.,
Statistician, State Hospital Commission:

Our fourteen civil State hospitals under the leadership of our Commission form one department — one great unified system for the care and treatment of the insane in the State. We are all deeply interested in the success of every branch of the work, and through these conferences and through our labors to promote a common cause, we have become fellow-workers instead of rivals. We discuss proposed changes and modifications of our hospital system on a common level, and each willingly shapes his own work to accord with the prevailing opinion.

In view of this unity of interest and purpose, the differences in the classification and results of the treatment of the insane in our several State hospitals as shown by statistical reports published from year to year have given rise to much comment, and we are led to inquire more particularly concerning the nature and cause of these differences.

The unit of our system is the State hospital, and the unit with which we deal is the individual patient. The State hospitals in their organization and plan of work are quite similar, but each hospital has a plant and equipment unlike the others, and each has its own traditions and its own peculiarities of management. All of the superintendents have been long in the service, and through experience and study each has evolved a system of management adapted to the needs of his institution. Likewise the other responsible officers of each institution through long service have developed a working system of procedure within their own domain. The officers of each institution naturally have their peculiar interests and are sometimes led to emphasize one phase of their work more than another. They also have

their own conceptions of the various mental diseases which come to them for diagnosis.

The units with which we deal, the individual patients, are not a homogeneous class. They are of all races and of all sorts and conditions, and afflicted with diverse diseases. Moreover, patients from the various sections of the State vary widely in their mental and economic status. In some sections we have a rapidly increasing population; in other sections, a stationary or diminishing population.

These and many other factors naturally cause differences in results in the several State hospitals. Some of these differences are entirely beyond our control, while others can be changed by a shifting of emphasis or point of view.

We have placed in your hands a series of tables giving comparative results in the several State hospitals, most of the figures given relating to the last fiscal year. We shall now take up these tables in order and refer briefly to some of the striking points of difference found therein.

TABLE No. 1. ADMISSIONS TO THE STATE HOSPITALS
DURING THE YEAR ENDING SEPTEMBER 30, 1915

Hospital	All admissions	First admissions			Readmissions		
		Number	Per cent of total patients	Per cent of total admissions	Number	Per cent of total patients	Per cent of total admissions
Utica	434	353	20.9	81.3	81	4.8	18.7
Willard	291	231	9.4	79.4	60	2.4	20.6
Hudson River.....	639	512	15.2	80.1	127	3.8	19.9
Middletown	251	174	8.0	69.3	77	3.6	30.7
Buffalo	427	330	15.4	77.3	97	4.5	22.7
Binghamton	275	190	7.9	69.1	85	3.5	30.9
St. Lawrence.....	388	314	14.7	80.9	74	3.5	19.1
Rochester	368	267	17.0	72.6	101	6.4	27.4
Gowanda	207	149	12.2	72.0	58	4.7	28.0
Kings Park.....	1030	774	17.4	75.1	256	5.8	24.9
Long Island.....	434	370	45.1	85.3	64	7.8	14.7
Manhattan	1577	1214	24.5	77.0	363	7.3	23.0
Central Islip.....	1613	1326	27.2	82.2	287	5.9	17.8
Total.....	7934	6204	18.1	78.2	1730	5.0	21.8

Table 1 shows a relatively large number of admissions to the metropolitan hospitals. The four metropolitan hospitals had on September 30, 1915, a total of 15,092 patients, or 43.9 per cent of the whole number in the hospitals; the first admissions to these hospitals numbered 3,684, or 59.4 per cent of the total first admissions, and the readmissions thereto numbered 970, or 56.1 per cent of the total readmissions. The first admissions to the metropolitan hospitals amounted to 24.4 per cent of the hospital population; while those to the up-State hospitals constituted but 13.1 per cent. The readmissions to the metropolitan hospitals formed 6.4 per cent of the total patients, while in the up-State hospitals they formed but 3.9 per cent. In Long Island State Hospital the number of first admissions was 45.1 per cent of the total patients, and the number of readmissions 7.8 per cent. These percentages are higher than those of any other State hospital. Compared to the census population of September 30, 1915, Long Island had relatively 5.7 times as many first admissions as had Binghamton. Willard and Middletown also had comparatively low percentages of first admissions. A high rate of admissions compared with patient population is clearly an indication that the hospital is inadequate for the district it serves. Is it not also true that a hospital having a high rate of admissions should have a higher ratio of physicians to patients than one having a low rate of admissions?

Comparing the percentages of first admissions and readmissions as based on total admissions, we find that Middletown and Binghamton have the highest percentages of readmissions, while Long Island and Central Islip have the lowest.

Table 2 compares the voluntary admissions to the several State hospitals. Hudson River had the highest number of voluntary cases, but in ratio of voluntary admissions to population and to total admissions, St. Lawrence heads the list. The voluntary cases admitted to Kings Park and Central Islip are low compared with the others.

TABLE No. 2. VOLUNTARY ADMISSIONS TO THE STATE
HOSPITALS, YEAR ENDING SEPTEMBER 30, 1915

Hospitals	First admissions	Readmissions	Total	Per cent of total patients	Per cent of all admissions
Utica	15	5	20	1.2	4.6
Willard	8	7	15	0.6	5.2
Hudson River.....	46	23	69	2.1	10.8
Middletown	10	10	20	0.9	8.0
Buffalo	33	26	59	2.8	13.8
Binghamton	11	13	24	1.0	8.7
St. Lawrence.....	46	13	59	2.8	15.2
Rochester	19	22	41	2.6	11.1
Gowanda	9	11	20	1.6	9.6
Kings Park.....	6	7	13	0.3	1.2
Long Island.....	11	4	15	1.8	3.5
Manhattan	14	31	45	0.9	2.9
Central Islip.....	11	14	25	0.5	1.5
Total.....	239	186	425	1.2	5.4

TABLE No. 3. PAROLES IN STATE HOSPITALS ON
SEPTEMBER 30, 1915

Hospitals	Patients on books of hospital	Patients on parole	
		Number	Per cent of total
Utica	1,691	97	5.7
Willard	2,455	87	3.5
Hudson River.....	3,361	132	3.9
Middletown	2,167	39	1.8
Buffalo	2,142	50	2.3
Binghamton	2,409	48	2.0
St. Lawrence.....	2,132	72	3.4
Rochester	1,573	83	5.3
Gowanda	1,222	10	0.8
Mohansic	64		
Kings Park.....	4,445	201	4.5
Long Island.....	820	8	1.0
Manhattan	4,951	128	2.6
Central Islip.....	4,876	220	4.5
Total.....	34,308	1,175	3.4

TABLE No. 4. AVERAGE NUMBER ON PAROLE DURING THE YEAR ENDING SEPTEMBER 30, 1915

Hospital	Average daily population	Daily average of patients on parole	
		Number	Per cent
Utica	1,589	109	6.9
Willard	2,424	65	2.7
Hudson River.....	3,282	71	2.2
Middletown	2,055	50	2.4
Buffalo	2,151	83	3.9
Binghamton	2,391	55	2.3
St. Lawrence.....	2,106	80	3.8
Rochester	1,567	82	5.2
Gowanda	1,184	30	2.5
Mohansic	64		
Kings Park.....	4,269	235	5.5
Long Island.....	849	38	4.4
Manhattan	4,992	144	2.9
Central Islip.....	4,912	238	4.8
Total.....	33,835	1,280	3.8

Table 3 shows the paroles of the several State hospitals on September 30, 1915, and Table 4 the average number on parole from each hospital during the year. That the hospitals differ widely with respect to paroles is shown by both tables. Gowanda and Long Island evidently discharged most of their parole cases toward the close of the year, as their paroles on September 30 were very low compared with their averages for the year.

Utica, Kings Park and Rochester have the highest percentages of patients on parole. Whether it would be practicable for the other hospitals to parole as high a percentage of their patients is an open question; but if all the hospitals had maintained the same percentage of patients on parole as did Utica, the average on parole last year would have been 2,321 instead of 1,280. There is evidently a limit in paroling patients beyond which a hospital cannot safely or wisely go. Would it be possible or desirable to fix this limit and establish a more uniform policy with reference to parole?

TABLE No. 5. PRIVATE AND REIMBURSING PATIENTS
IN THE STATE HOSPITALS ON SEPTEMBER 30,
1915, AND AMOUNTS COLLECTED FROM
SUCH PATIENTS DURING THE YEAR

Hospitals	Private and reimbursing patients		Amounts collected	
	Number	Per cent of total	Total	Per capita
Utica	202	11.9	\$ 39,790.02	\$23.53
Willard	125	5.1	21,315.77	8.68
Hudson River....	303	9.0	50,336.64	14.98
Middletown	291	13.4	64,321.30	29.68
Buffalo	248	11.6	43,897.03	20.49
Binghamton	140	5.8	22,246.30	9.23
St. Lawrence.....	185	8.7	33,047.01	15.50
Rochester	142	9.0	27,434.04	17.44
Gowanda	89	7.2	18,593.87	15.22
Mohansic	1	1.6	65.00	1.02
Kings Park.....	434	9.8	61,061.75	13.74
Long Island.....	121	14.8	19,304.27	23.54
Manhattan	365	7.4	49,912.28	10.08
Central Islip.....	325	6.7	44,136.12	9.05
Total.....	2,971	8.7	\$495,461.40	\$14.44

Table 5 shows the number and per cent of the private and reimbursing patients in each hospital at the close of the year and the amounts collected during the year by each hospital. The highest percentages of reimbursing patients are found in the Long Island, Middletown, Utica and Buffalo State hospitals. These hospitals also lead in the per capita amounts collected. Middletown collected an average of \$29.88 per patient. Had all of the hospitals collected a like amount the total receipts from patients would have been \$1,018,261.44 instead of \$495,461.40.

TABLE No. 6. ALIENS IN THE STATE HOSPITALS ON SEPTEMBER 30, 1915, AND NUMBER ADMITTED AND DEPORTED DURING THE LAST FISCAL YEAR

Hospitals	Aliens in hospitals on September 30		Aliens admitted during the year	Number deported and repatriated during the year
	Number	Per cent of total patients		
Utica	248	14.7	73	13
Willard	636	25.9	7	3
Hudson River.....	705	21.0	80	25
Middletown	542	25.0	12	5
Buffalo	557	26.0	60	9
Binghamton	682	28.3	14	8
St. Lawrence.....	480	22.5	25	10
Rochester	316	20.1	38	10
Gowanda	351	28.7	28	15
Mohansic	30	46.8		
Kings Park.....	991	22.3	274	44
Long Island.....	148	18.1	68	4
Manhattan	1,534	31.0	627	103
Central Islip.....	1,988	40.7	605	104
Total.....	9,208	26.8	1,911	353

Table 6 shows the aliens in the several hospitals at the end of the year and the deportations during the year. Utica reports a much lower percentage of alien population than any other up-State hospital, although in percentage of aliens admitted in 1915 Utica is higher than the others. The high percentage of aliens in the population at Central Islip is noteworthy. There seems to be greater differences in the percentages of aliens in the metropolitan hospitals than would be expected. It is a question whether the same tests of citizenship are uniformly applied in all these institutions.

TABLE No. 7. PER CENT DISTRIBUTION OF CERTAIN PSYCHOSES AMONG FIRST ADMISSIONS,
1915, 1914 AND 1913

State Hospital	Senile			Dementia paralytica			Alcoholic insanity			Involution melancholia			Dementia praecox			Allied to dementia praecox		
	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913
Utica	13.0	12.4	13.3	10.5	9.6	9.1	5.7	6.4	14.2	5.7	4.5	6.7	16.1	12.1	11.2	0.8	1.6	0.3
Willard	20.8	19.7	19.3	5.2	9.0	5.6	7.4	9.0	10.7	4.3	5.9	3.6	6.5	7.4	12.2		1.6	2.0
Hudson River...	10.7	11.2	9.4	9.6	9.4	11.0	4.5	8.7	10.3	5.3	6.6	1.4	32.8	20.1	17.1	1.8	0.7	
Middletown	5.2	10.0	9.0	5.7	7.2	4.1	9.2	6.1	11.0	8.0	7.8	5.5	9.8	11.7	11.7	2.9	1.7	1.4
Buffalo	13.0	7.5	10.7	11.8	11.7	9.3	8.5	10.0	12.4	4.5	4.4	4.5	18.2	19.7	18.6	0.9	1.7	0.7
Binghamton	9.5	8.3	12.9	4.7	7.4	4.3	5.2	5.4	7.1	5.8	9.3	5.7	13.7	16.2	4.8	5.2	2.5	0.5
St. Lawrence....	11.8	11.8	13.6	9.2	7.0	7.5	7.3	8.9	13.6	3.8	3.0	3.0	13.4	12.2	9.8	5.1	3.0	2.6
Rochester	12.4	11.5	12.4	12.0	8.9	8.6	7.9	9.3	8.3	6.4	9.7	6.2	21.7	21.2	21.4	0.7	1.1	1.0
Gowanda	4.0	9.1	5.6	16.1	16.0	23.1	8.1	7.4	13.1	2.0	0.6	1.3	18.1	24.6	20.6			0.6
Kings Park.....	3.7	5.1	4.9	14.1	13.4	13.5	3.5	5.7	6.0	1.2	1.4	1.5	22.6	16.7	19.6	19.4	18.8	16.6
Long Island.....	20.8	16.9	17.6	10.0	10.9	11.9	8.1	10.7	10.5	1.6	1.1	1.6	4.6	7.4	8.4	4.9	1.6	2.1
Manhattan	7.8	7.5	9.4	17.1	15.6	13.9	4.1	5.4	7.5	0.6	0.7	0.2	20.7	19.1	17.4	6.6	5.9	3.5
Central Islip....	5.6	5.3	6.5	16.6	13.8	17.8	5.1	8.5	10.0	1.1	2.0	1.4	30.8	23.4	22.1	3.5	2.3	2.2
Total.....	9.2	8.7	9.8	13.1	12.3	12.7	5.6	7.4	9.4	2.7	3.0	2.2	21.3	18.0	16.8	5.5	2.1	3.8

TABLE No. 7 (Continued). PER CENT DISTRIBUTION OF CERTAIN PSYCHOSES AMONG FIRST ADMISSIONS, 1915, 1914 AND 1913

State Hospital	Paranoic conditions			Manic-depressive			Allied to manic-depressive			Psychoneuroses			Other constitutional inferior		
	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913
Utica	4.8	4.8	4.8	9.3	7.3	13.0	2.3	3.8	2.1	1.1	1.3	0.9	6.8	5.1	3.3
Willard	3.5	3.7	6.1	22.1	9.6	6.1	1.7	3.2	2.5	0.9	2.1	3.0	5.6	5.9	4.1
Hudson River...	1.4	1.4	1.2	4.9	10.5	18.5	1.6	0.2	1.2	0.4	1.8	1.9	4.1	3.2	1.4
Middletown ...	9.8	7.2	8.3	10.9	8.3	8.3	3.4	2.8	3.4	4.0	7.2	6.2	4.0	3.3	1.4
Buffalo	2.7	2.5	2.7	11.5	7.8	10.3	3.3	3.3	3.4	3.3	2.5	3.4	2.4	2.2	1.4
Binghamton ...	2.6	2.5	3.8	4.7	2.9	8.6	3.2	1.0	1.4	2.1	4.4	12.4	7.9	7.8	6.2
St. Lawrence....	3.2	3.3	2.6	13.7	7.0	15.8	2.9	2.6	2.3	1.6	3.7	3.0	1.9	1.1	3.4
Rochester	8.2	4.8	4.1	4.9	3.3	6.2	1.1	1.1	2.1	3.0	1.9	2.4	4.1	3.7	2.1
Gowanda	5.4	4.6	6.3	14.8	6.9	5.0	1.3		1.3	1.3	4.0	0.6	7.4	6.3	3.1
Kings Park.....	2.3	2.1	2.4	7.2	7.6	7.0	6.1	7.8	2.1	1.0	1.2	1.1	3.4	3.3	3.1
Long Island....	2.4	1.6	3.3	9.5	7.9	10.8	3.8	4.9	0.9	0.8	1.1	1.3	1.1	2.7	1.6
Manhattan	1.6	2.6	1.8	8.9	11.0	12.6	4.4	4.1	1.2	0.6	0.9	0.4	2.9	2.4	3.1
Central Islip....	2.6	2.4	2.2	15.4	18.8	14.3	3.8	2.7	0.6	0.8	0.8	0.6	4.8	5.0	4.3
Total.....	2.9	2.8	2.9	10.6	10.6	11.6	3.6	3.6	1.5	1.2	1.7	1.7	3.9	3.6	3.1

Table 7 gives the per cent distribution of the principal psychoses among the first admissions of 1915, 1914 and 1913. The table shows marked variations in the results of the three years in some of the hospitals, and also very wide differences in the results in the several hospitals. Considerable variation of this kind is to be expected. Different classes of patients may be admitted from year to year in the several hospitals, or the opinions of the diagnosticians may vary. The question arises, How much is assignable to each cause? We all know that sociological phenomena in large groups vary but little from year to year. The ratio of the insane to the general population of the State is almost a constant quantity; also the rate of first admissions per 100,000 of population varies but little. There would be more variation in the rate of dementia præcox or general paralysis, or manic-depressive insanity, but these groups are so large that results therein are fairly uniform from year to year.

More variation would appear as the group becomes smaller, but still the variations given in the table are too large to be fully accounted for in this way. Take for example the alcoholic psychoses. The table shows a lower percentage of alcoholic cases admitted in 1915 than in 1914 in every hospital except two, and the total shows a falling off in alcoholic cases from 7.4 per cent to 5.6. A like reduction was noted in 1914. This change is very remarkable. The average annual number of first admissions with alcoholic insanity for the four years 1910-13 was 578, and the highest variation from this average in any year was 13, or 2.2 per cent. The reports for 1914 show a decrease from such average of 114, or 19.7 per cent, and those for 1915 a further reduction of 119, or 25.6 per cent. A comparison of the number of cases of the various types of alcoholic insanity admitted in the three years shows a reduction in every type. The change in the number of alcoholic cases is noteworthy, as special attention has been given these cases during the past three years.

Particular attention is called to the allied to dementia præcox, and to the allied to manic-depressive groups. About

half of all the cases in the former are reported from Kings Park. This hospital evidently has a different policy with reference to these groups than have the other hospitals.

Table 7 indicates a lack of uniformity in diagnosis in the hospital system as a whole and also in the separate hospitals from year to year. This can be remedied in part by placing clearer and fuller definitions of the various psychoses in the hands of the medical officers, by establishing a uniform policy with reference to the allied groups, and by frequent conferences with the director of the Psychiatric Institute.

Table 8 shows the percentages of the large groups of readmissions in the several hospitals in 1915, 1914 and 1913. The reduction in alcoholic cases in 1915 and 1914 is as marked here as in Table 7. The number of alcoholic readmissions in 1914 was 91 as compared with 118 in 1913, a decrease of 22 per cent; and in 1915, 87, a further reduction of 4.4 per cent.

TABLE No. 8. PER CENT DISTRIBUTION OF CERTAIN PSYCHOSES AMONG READMISSIONS,
1915, 1914 AND 1913

State Hospital	Alcoholic			Dementia praecox			Manic-depressive			Allied to manic-depressive		
	1915	1914	1913	1915	1914	1913	1915	1914	1913	1915	1914	1913
Utica	4.9	7.9	10.5	13.6	19.7	15.8	29.6	25.0	28.9	7.4	10.5	9.2
Willard	3.3	13.6	15.6	8.3	6.8	9.4	61.7	39.0	40.6	3.3	8.5	7.8
Hudson River....	3.9	8.3	10.3	33.1	23.3	22.8	21.3	35.0	35.3	3.9		3.7
Middletown	9.1	3.5	9.8	23.4	8.8	13.4	29.9	35.0	29.3	6.5	5.3	6.1
Buffalo	7.2	5.9	11.5	28.9	20.8	17.2	23.7	34.7	26.4	11.3	9.9	11.5
Binghamton	1.2	4.5	6.2	15.3	13.4	13.8	24.7	32.8	33.8	7.1	10.4	4.6
St. Lawrence.....	4.1	5.7	4.9	23.0	21.4	12.3	28.4	11.4	32.1	8.1	5.7	7.4
Rochester	6.9	5.2	7.5	30.7	30.2	27.5	18.8	18.7	23.8	5.9	3.1	7.5
Gowanda	1.7	9.6	15.5	20.7	19.2	13.8	37.9	28.8	25.9	3.4		3.4
Kings Park.....	1.2	2.4	3.1	23.8	27.8	25.0	23.8	23.8	32.7	8.2	8.3	8.2
Long Island.....	9.4	2.0	7.6	15.6	18.0	12.1	31.3	20.0	31.8	6.2	8.0	6.1
Manhattan	3.9	2.7	3.4	22.9	25.3	24.0	31.7	35.2	40.6	7.7	4.6	5.2
Central Islip.....	9.7	7.8	8.0	26.1	22.9	26.5	30.7	26.6	35.2	2.8	6.6	2.4
Total.....	5.0	5.4	7.4	23.5	22.6	20.9	29.0	28.9	33.9	6.4	6.1	5.8

TABLE No. 9. PATIENTS DISCHARGED AS RECOVERED,
YEAR ENDING SEPTEMBER 30, 1915

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total patients
Utica	93	26.3	21.4	5.5
Willard	72	31.2	24.7	2.9
Hudson River...	96	18.8	15.0	2.9
Middletown	85	48.8	33.8	3.9
Buffalo	94	28.5	22.0	4.4
Binghamton	62	32.6	22.5	2.6
St. Lawrence....	78	24.8	20.1	3.6
Rochester	69	25.8	18.8	4.4
Gowanda	64	43.0	30.9	5.2
Kings Park.....	214	27.6	20.8	4.8
Long Island.....	140	37.8	32.3	17.1
Manhattan	258	21.3	16.4	5.2
Central Islip....	251	18.9	15.6	5.1
Total.....	1576	25.4	19.9	4.6

TABLE No. 10. PATIENTS DISCHARGED AS
MUCH IMPROVED, YEAR ENDING
SEPTEMBER 30, 1915

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total patients
Utica	31	8.8	7.1	1.8
Willard	13	5.6	4.5	0.5
Hudson River...	45	8.8	7.0	1.3
Middletown	10	5.7	4.0	0.5
Buffalo	49	14.8	11.5	2.4
Binghamton	32	16.8	11.6	1.3
St. Lawrence....	35	11.1	9.0	1.6
Rochester	44	16.5	12.0	2.8
Gowanda	6	4.0	2.9	0.5
Kings Park.....	155	20.0	15.0	3.5
Long Island.....	43	11.6	9.9	5.2
Manhattan	143	11.8	9.1	2.9
Central Islip....	163	12.3	10.1	3.3
Total.....	769	12.4	9.7	2.2

TABLE No. 11. PATIENTS DISCHARGED AS
IMPROVED, YEAR ENDING
SEPTEMBER 30, 1915

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total patients
Utica	73	20.7	16.8	4.3
Willard	31	13.4	10.7	1.2
Hudson River...	57	11.1	8.9	1.7
Middletown	28	16.1	11.2	1.3
Buffalo	53	16.1	12.4	2.5
Binghamton	51	26.8	18.5	2.1
St. Lawrence....	53	16.9	13.7	2.5
Rochester	75	28.1	20.4	4.8
Gowanda	56	37.6	27.1	4.6
Mohansic	1			
Kings Park.....	161	20.8	15.6	3.6
Long Island....	28	7.6	6.5	3.4
Manhattan	180	14.8	11.4	3.6
Central Islip....	179	13.5	11.1	3.7
Total.....	1026	16.5	12.9	3.0

TABLE No. 12. TOTAL PATIENTS DISCHARGED BENE-
FITED BY TREATMENT, YEAR ENDING
SEPTEMBER 30, 1915

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total patients
Utica	197	55.8	45.4	11.6
Willard	116	50.2	39.9	4.7
Hudson River...	198	38.7	31.0	5.9
Middletown	123	70.7	49.0	5.7
Buffalo	196	59.4	45.9	9.1
Binghamton	145	76.3	52.7	6.0
St. Lawrence....	166	52.9	42.8	7.8
Rochester	188	70.4	51.1	11.9
Gowanda	126	77.8	60.9	10.3
Mohansic	1			
Kings Park.....	530	68.5	51.5	11.9
Long Island....	211	57.0	48.6	25.7
Manhattan	581	47.9	36.8	11.7
Central Islip....	593	44.7	36.8	12.2
Total.....	3371	54.3	42.5	9.8

Table 9 shows the recoveries and the recovery rates based on first admissions, on all admissions, and on total patients. The rate we have used most in our statistics, and which is the most satisfactory of the three, is that based on all admissions. This would be a good basis if admissions to the several hospitals did not vary considerably from year to year. The recoveries of one year consist partially of patients admitted during previous years, and especially of patients admitted during the latter half of the year immediately preceding. If the admissions occurred uniformly, the number constituting the basis of computation of the rate would be correct even though the recoveries were of cases admitted in previous years. The number of first admissions is not a satisfactory base on which to reckon the recovery rate, as many of the recoveries occur among the readmissions. In the manic-depressive group one patient is often admitted and discharged as recovered several times. If first admissions were used as a basis for the determination of the recovery rate in this group we should have at times a recovery rate of over 100 per cent. The total number of patients is an unsatisfactory base on which to reckon recoveries, as a large number of chronic and incurable cases remain in the hospitals year after year. It is clearly unfair to use the number representing these patients each year in computing the recovery rate.

There are so many varying factors entering into recovery rates, even when computed on all admissions, that we cannot use such rates as a satisfactory basis of comparison of the results of treatment of patients in the several State hospitals. Admissions to the hospitals vary from year to year in number and in character. Some hospitals receive a higher percentage of curable patients than others. There are also wide differences in the application of the terms *recovered*, *much improved*, and *improved* by the several medical staffs. This may be partly due to the lack of standard definitions of the terms or perhaps to a difference of policy.

Detailed reference to Tables 9, 10, 11 and 12 will show how widely the hospitals vary in their reported results. The

reported recovery rate based on all admissions varies from 15 per cent in Hudson River to 33.8 per cent in Middletown; the much improved rate on the same basis varies from 2.9 per cent in Gowanda to 15 per cent in Kings Park; while the improved rate varies from 6.5 per cent in Long Island to 27.1 per cent in Gowanda.

Bringing together the recovered, much improved and improved under the heading *benefited by treatment*, we still find a variation from 31 per cent in Hudson River to 60.9 per cent in Gowanda. Middletown, which is highest in percentage of recoveries, is fifth in percentage of total discharged benefited by treatment, and Binghamton, which is fifth in percentage of recoveries, is second in percentage of total discharged benefited by treatment.

It is highly improbable that actual results in the several hospitals vary as much as the reports seem to indicate. On the other hand, we know that facilities for the care of patients vary considerably in the different institutions, and that methods of treatment are not uniform. We should, therefore, expect some actual variation in results. But in the absence of accepted uniform standards of reporting we cannot say what part of the variation is real and what part is personal.

To better the situation I would suggest: 1. That an effort be made to standardize the terms *recovered*, *much improved*, and *improved*, and to apply them uniformly in discharging patients. 2. That whenever a system or method of care and treatment is found to produce unusually good results in any hospital that it be adopted so far as practicable by the others. 3. That an effort be made to ascertain the effect on the general improvement of patients of overcrowding and of insufficient appropriations for occupational therapy and recreation.

We shall soon be in a position to study recovery rates by psychoses and show the complete hospital history of large groups of the same psychosis. In this way we shall arrive at a more correct view of the results of treatment.

TABLE No. 13. DEATHS IN STATE HOSPITALS DURING
THE YEAR ENDING SEPTEMBER 30, 1915

Hospitals	Number	Death rate based on total under treatment	Death rate based on daily average population
Utica	137	65.6	86.2
Willard	196	70.2	80.9
Hudson River.....	277	71.1	84.4
Middletown	121	49.5	58.9
Buffalo	168	66.2	78.1
Binghamton	208	74.2	86.9
St. Lawrence.....	138	55.6	65.5
Rochester	163	83.3	104.0
Gowanda	60	42.0	50.7
Kings Park.....	351	64.2	82.2
Long Island.....	162	123.9	190.8
Manhattan	600	89.6	120.2
Central Islip.....	455	69.1	92.6
Total.....	3036	73.5	89.7

Table 13 shows the death rate in the several hospitals based on total under treatment and on average daily population. We find here differences as great as those in the table of recoveries, but here the personal opinion of the physician in charge is not a factor. The high death rate in Long Island is due primarily to the preponderance of the physically sick and infirm patients admitted, but the inadequate and antiquated facilities of the institution are also an important element. Some of the other differences in the rates shown in the table can be explained, but after taking all known factors in consideration there remain marked variations for which we are unable to account.

We have been asked to base the death rate in our statistics entirely on the average daily population so that the rate in the hospitals could be better compared with the general death rate. The change does not seem advisable to me, but I have computed the death rates on each basis in the table.

In this summary of operations and results, which was prepared at the request of the Commission, we have called

attention to differences as they appear in our reports. We have made no attempt to discuss the relative merit of the work of the hospitals on which the reports are based, and we believe that it would be rash to do so without the fullest knowledge of all the elements contributing to the results. After all, our similarities or points of practical agreement are much greater than our differences. In attempting to standardize our hospital service, especially in the matter of diagnosis, we are doing experimental work, and there is no doubt that we have already accomplished more in this line of endeavor than has any other hospital system.

Our work is set up as a model for other State systems to follow. In perfecting it by establishing a higher degree of uniformity, we are rendering a service not only to our own State, but to the nation as well. We are also laying the foundation for more accurate knowledge of mental diseases.

STANDARDS OF STATE CARE OF THE INSANE AS SHOWN BY THE PER CAPITA COST OF MAINTENANCE

BY T. E. MCGARR

The maintenance of a proper standard of care for the insane is one of the economic problems still remaining unsolved in most States of the Union. In the State of New York, because of the abnormal annual increase in the number of hospital patients, due to the unparalleled immigration of the past fifteen years, and also to the extraordinary advance in prices of foodstuffs of all kinds, of labor and of materials, the financial problem has been especially acute and has caused the gravest concern to the responsible heads of our State government. Other congested States of the East and Middle West are confronted by difficulties proportionately equal.

What is adequate care of the insane? Does it consist merely of shelter, food and clothing — custodial care on the most elemental basis, *i. e.*, for the maintenance of mere existence—or does it lie in the sustained efforts at cure of trained physicians and nurses with an armamentarium of suitable therapeutics of every kind; physicians who constantly note the patient's symptoms during his early hospital residence, who, familiar with their personal history, appreciate fully their significance and apply appropriate remedies, who provide varied dietaries suited to their physical condition, who correct dental and ocular irregularities which so often retard a patient's recovery, and who provide suitable light occupation for all physically active patients for which this is indicated.

It is now twenty years since New York first faced the problem of complete State care with plans matured by experienced and devoted officials which were designed to afford every committed insane patient, through active and continued treatment, a fair chance to recover his health and to

reënter the ranks of the wage earners. For fifteen years this constructive and enlightened policy continued, not only without serious interference, but supported by adequate, almost liberal, legislative appropriations. During those earlier years the speaker was frequently told by heads of responsible committees of the Legislature that even though the appropriations asked for seemed large, the conditions found by them in the various institutions which they officially visited were most satisfactory; they were convinced that the taxpayer was receiving value for every dollar expended, and that — most important of all — every effort was apparently being made to lighten the burden of misery borne by the afflicted inmates; to cure the curable and to relieve the incurable.

A few years ago, however, a change came over the scene. The staggering total of the appropriations required for the support of the insane—they had reached a total of \$8,500,000 in 1912 and \$8,750,000 in 1913 — led the controlling political party to institute an almost microscopic investigation of hospital matters. At the same time a special committee was appointed to investigate the immigration question so far as this affected the State Hospital system, and to suggest measures of relief. The executive also urged — through a communication to the Legislature — that our members of Congress take steps to secure reimbursement from the Federal Government for the maintenance of nearly 9,000 aliens in our State hospitals who had absolutely no claim upon our charity, and who had become public charges largely through the failure of the Federal immigration authorities to enforce the immigration statutes.

An effort was also made through statutory reduction in the numbers of hospital employees to secure economies in the annual hospital outlay.

As to the financial administration of the institutions, the Commissioner of Efficiency and Economy reported after his most complete and sustained investigation as follows:

The staff of the Department of Efficiency and Economy has just completed, practically, an inves-

tigation of all the hospitals of the State. I can now say that, in my judgment, the hospitals are well managed and in good condition. I can conscientiously say this because we found such a vastly greater proportion of good than bad. * * One of the reasons I say the hospitals are pretty well managed is the fact that in all our investigation we did not discover one single missing item, one single defalcation. We have discovered a few small irregularities, which have promptly been made good on attention being called to them, and which were probably the result of accident or oversight.

As further evidence that the standard of care of the insane in our State hospitals is satisfactory, and that the *per capita maintenance charge is reasonable*, let me quote from the special report of the Committee on Charities of the Constitutional Convention submitted by Chairman James W. Wadsworth to the Convention on the 5th day of August, 1915:

The Commission in Lunacy has had entire administrative and financial control of the State hospitals for the insane since 1893. * * * Your Committee, after careful study of the administration of the hospitals for the insane, is firmly of the opinion that the present methods of management and control should be continued and should be clearly defined in the Constitution. The hospitals for the insane should be kept entirely out of the domain of politics and should not be liable to radical changes which, at the present time, may be made at any session of the Legislature.

As a result of several public hearings held by the Committee, and investigations by sub-committees, and numerous communications which have been received from the friends and relatives of patients in the hospitals for the insane, it is convinced that those who are most concerned in the welfare of the hospitals are unanimously opposed to any change in the present methods of administration. The public hearings held by this Committee were attended by members of the boards of

managers of all the hospitals, superintendents of a number of these institutions, as well as representatives of various charitable, medical and other organizations. The Committee has also consulted many other acknowledged authorities familiar with the affairs of the institutions and the history of the hospital service, and finds that their views are fully in accord with those already expressed by us.

After a careful investigation of the subject this expression of views would seem to voice the sentiments of the entire people of the State. * * *

The economical administration in the expenditure of these funds appears from the fact that the average annual per capita cost of maintenance of the insane in the hospitals was only \$208.91 during the last fiscal year, or, in other words, 57 cents per day.

In certain of the States of the East and Middle West the problem of State care has been approached in an apparently half-hearted way. Legislatures continue to permit the retention in almshouses and so-called county asylums of patients of different classes, and have failed to provide adequate appropriations for a comprehensive State care system.

Taking for example a State of the Middle West, renowned for its output of favorite sons at national conventions, a State which makes claim to extraordinary results in the way of cheapness in caring for its dependent insane, we find indeed in the various State hospitals a startlingly low rate of maintenance prevailing. Let me submit a comparison between two institutions caring for practically the same number of patients, the Cleveland State Hospital in Ohio and our Binghamton State Hospital. Analyzing the different elements of expenditure we find what certainly seems to our view a radically insufficient per capita allowance for many of the maintenance items:

COMPARISON OF CERTAIN ELEMENTS IN MAINTEN-
ANCE ACCOUNT, BINGHAMTON AND CLEVELAND
STATE HOSPITALS, 1914

	Binghamton	Cleveland
Average daily population.....	2,366	2,273
Proportion of physicians to patients.....	1 to 239	1 to 470
Annual per capita cost of medical service.....	9.32	3.21
Ratio of employees, all kinds, to patients.....	1 to 5	1 to 10.6
Annual per capita cost of all employees.....	85.35	38.06
Ratio of nurses and attendants to patients...	1 to 7.92	1 to 19.5
Total per capita cost of maintenance.....	\$211.97	\$146.00

A glance at the payrolls of the Ohio institutions throws further light on the wide disparity in per capita cost between that State and New York, and indicates that the Ohio rates would not be popular with members of the Employees' Association of our State hospitals; thus stenographers in Ohio receive from \$20 to \$30 per month, or \$5 per month less than barbers; carpenters receive \$50 per month; engineers and electricians, when combined, \$75; engineers, \$50; bakers, an average of \$50. Plumbers receive \$40 to \$45 per month in Ohio and \$78 in New York.

Unfortunately I have no means of determining what food allowances are made for employees in the mechanical branches in Ohio.

The Cleveland institution requested \$97,000 for food supplies for 2273 patients for the coming year, representing an average per capita cost of 12 cents per diem, or 4 cents per meal, as against 18 cents per diem, or 6 cents per meal, in our institutions.

In support of the view that a weekly per capita rate of \$2.80, reported at the Cleveland institution, cannot provide a satisfactory standard even in the view of officials connected with the administration of public charities in that State, let me read a resolution adopted early in the present year by the Ohio Board of State Charities:

Resolved, That the Board of State Charities desires to express to the State Board of Administration its conviction that the State of Ohio is backward in its treatment of the insane; and that

the facilities and equipment of its public institutions for the improvement and cure of insane wards of the State are inadequate and not abreast of modern ideas; and that a reform is necessary in the preliminary observation of newly-committed patients and their segregation until a full diagnosis of their cases can be made.

It certainly does not seem reasonable to expect that a ratio of 1 physician to 470 patients would meet requirements if anything beyond custodial care is to be attempted. In the State of New York every effort is made to keep down the number of employees, yet the Ohio institutions have reduced their ratio of nurses and attendants to less than half that prevailing with us; and the per capita expenditure of all employees is less than one-half of what is being paid in New York. In a recent official utterance it was estimated by a member of the Board of Administration of Ohio that \$4,000,000 would be required to put the hospitals for the insane in that State in proper condition. This statement contained no reference to the insane huddled in almshouses in different parts of the State for whose proper care apparently no provision is even contemplated.

Comparisons have also been made of the maintenance cost in New York and in Indiana, another State of the Middle West whose institutions report a lower per capita charge than ours, but whose per capita rate approximates more closely to our own than that of Ohio. In Indiana, however, the favorable situation of the institutions with reference to proximity to flour supplies, to coal and other important elements in the maintenance cost, would go far toward explaining this difference; thus, in the New York State hospitals' coal bill of approximately \$600,000 per annum, the rates per ton are nearly treble those prevailing in Indiana; indeed, one Indiana institution has a coal mine within a stone's throw of its power house, and pays an average of only \$1.09 per ton for all coal consumed.

Reverting to the question of the administration of the New York State hospitals for the insane, it will be appro-

priate to quote from the address of Governor Whitman at the State conference of Charities and Corrections held in Albany early in the present year:

As to the insane, the impressions which I derived from an inspection of some of the State hospitals and from many conferences in regard to their needs are, on the whole, decidedly favorable * * * the hospitals for the care of the insane appear to be organized on a such simpler basis than the State charitable institutions. Fewer different authorities are involved in the decision of important lines of policy. Professional standards are more readily established and maintained * * * there is little, if any, basis for the loose talk about wholesale extravagance and wholesale waste in the management of these branches, at least, of the State's business. The low per capita cost both of construction and of administration is a sufficient reply to any such vague and general misstatements.

Lest too much attention be given to the administration of the New York State hospitals, it may be well at this point to refer to the excellent work of the State Board of Insanity of Massachusetts, to the high standard of care prevailing in that State, to the very satisfactory ratio of physicians and employees to patients and to the generous per capita rate allowed in its institutions. In one detail the State of Massachusetts until recently has not seemed to measure up to proper standards, *i. e.*, the salaries paid superintendents and other officers seemed insufficient to obtain and retain a high grade of medical men, and other States, such as New York, Pennsylvania and Connecticut, secured their services through offers of higher compensation. This condition, however, was remedied during the current year, when the maximum rate for superintendents was increased to \$5,000 per annum and of first assistant physicians to \$2,500 per annum.

In appended tables will be found official figures obtained from reports of the State Board of Insanity of that State and of different institutions upon various points of interest

in this connection. They bespeak the humane and liberal sentiments which animate the citizens of the commonwealth, and, taken in connection with the systematic annual provision made to meet requirements in the line of new buildings and extension of present buildings, they prove that Massachusetts is an exemplar of all that is wise, efficient and far-seeing in the care of its most unfortunate class of dependents.

Even though a comparison with Massachusetts shows against our own State, the figures may prove of interest to those present, and may serve to bring up discussion of the points referred to.

The State of Connecticut has recently requisitioned another of our New York State men — the second within a year — Dr. Haviland having been given the superintendency of the Middletown Hospital. In his recent reply to our request for information, he stated that it was plain to him that the proportion of physicians and nurses to patients and the per capita rate prevailing in Connecticut was much too low; and that he planned to bring both medical and nursing service up to a proper plane the moment funds were available.

The members of the conference may be interested in the data which I have collected showing the marked differences in the cost of different branches of the hospital service in various representative States of the Union. (See accompanying table).

COMPARISON OF MEDICAL AND WARD SERVICE AND MAINTENANCE COST IN STATE HOSPITALS
FOR THE INSANE LOCATED IN VARIOUS STATES, 1914

	New York	Massachusetts			Connecticut	New Jersey		Pennsylvania		
	All Hospitals	Worcester (Grafton)	Northampton	Boston	Middletown	Morris Plains	Trenton	Danville	Warren	Harrisburg
Average daily number of patients....	33,137	1,503	943	1,466	2,549	2,564	1,588	1,537	1,469	1,188
Number of physicians.....	172	7	7	9	9	11	9	7	8	5
Number of patients to each physician	193	215	135	163	283	233	176	219	183	237
Annual per capita cost of medical service.....	\$11.48	\$7.30	\$9.88	\$9.53	\$6.86	\$8.52		\$7.76	\$9.47	\$8.58
Total number of employees.....	6,203	350	180	325	474	575	372	285	314	230
Average number of patients to each employee.....	5.34	4.3	5.24	4.5	5.37	4.46	4.27	5.4	4.7	5.2
Annual per capita cost of all employees.....	\$82.43	\$95.60	\$88.80	\$95.07	\$62.89	\$83.20	\$88.40	\$70.12	\$101.28	\$69.71
Total number of ward employees....	3,875	180	91	207	245	250	166	161	156	120
Average number of patients to each ward employee.....	8.55	8.35	10.4	7.1	10.4	10.2	9.6	9.54	9.41	9.91
Average per capita cost of maintenance.....	\$208.91	\$238.80	\$211.12	\$309.92	\$185.12	\$245.44	\$263.72	\$228.28	\$227.76	\$223.08
Weekly per capita cost of maintenance.....	\$4.02	\$4.59	\$4.06	\$5.96	\$3.56	\$4.72	\$5.07	\$4.39	\$4.38	\$4.29

COMPARISON OF MEDICAL AND WARD SERVICE AND MAINTENANCE COST IN STATE HOSPITALS
FOR THE INSANE LOCATED IN VARIOUS STATES, 1914 — (Continued)

	Illinois			Michigan			
	Jacksonville	Peoria	Chicago	Pontiac	Traverse City	Newberry	Kalamazoo
Average daily number of patients...	1,840	2,182	3,108	1,408	1,620	931	2,169
Number of physicians.....	7	8	13	7	6	5	10
Number of patients to each physician	263	273	239	201	270	186	217
Annual per capita cost of medical service		\$6.13		\$8.12	\$6.91	\$9.98	\$7.01
Total number of employees.....	281	326	410	278	288	145	391
Average number of patients to each employee	6.54	6.7	7.6	5.1	5.6	6.4	5.5
Annual per capita cost of all employees		\$55.73		\$79.25		\$64.00	
Total number of ward employees...	174	190	301	134	154	95	213
Average number of patients to each ward employee.....	10.6	11.5	10.3	10.5	10.5	9.8	10.2
Annual per capita cost of maintenance	\$164.52	\$172.33	\$185.63	\$199.21	\$194.61	\$189.80	\$199.67
Weekly per capita cost of maintenance	\$3.16	\$3.31	\$3.57	\$3.83	\$3.74	\$3.65	\$3.84

COMPARISON OF MEDICAL AND WARD SERVICE AND MAINTENANCE COST IN STATE HOSPITALS
FOR THE INSANE LOCATED IN VARIOUS STATES, 1914 — (Continued)

	Indiana		Ohio				District of Columbia
	Logansport	Richmond	Cleveland	Columbus	Toledo	Massillon	
Average daily number of patients....	958	945	1,758	1,855	1,829	1,751	3,032
Number of physicians.....	5	5	6	6	6	7	26
Number of patients to each physician	191	190	293	309	305	350	117
Annual per capita cost of medical service							
Total number of employees.....	\$6.71	\$11.23	\$2.84	\$3.23	\$3.50	\$3.57	\$12.76
Average number of patients to each employee	184	159	214	283	273	165	865
Annual per capita cost of all employees	5.2	5.9	8.2	6.6	6.7	10.6	3.5
Total number of ward employees....	\$46.88	\$55.95	\$50.03	\$51.90	\$55.00	\$42.42	\$109.78
Average number of patients to each ward employee.....	97	86	124	133	126	89	400
Annual per capita cost of maintenance	9.8	11.0	14.2	13.9	14.5	19.7	7.58
Weekly per capita cost of maintenance	\$198.36	\$207.65	\$113.64	\$122.57	\$142.88	\$97.50	\$242.95
	\$3.81	\$3.99	\$2.19	\$2.36	\$2.75	\$1.88	\$4.67

MINUTES OF QUARTERLY CONFERENCE

DECEMBER 15, 1915

Minutes of the conference of State hospital superintendents and representatives with the State Hospital Commission, held at the Capitol in Albany, December 15, 1915.

Present—

Commissioners MORGAN and MAY.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent; SAMUEL W. HAMILTON, M. D., Senior Assistant Physician.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent; LOUIS T. WALDO, M. D., Senior Assistant Physician.

Hudson River State Hospital, CHARLES W. PILGRIM, M. D., Medical Superintendent; MORTIMER W. RAYNOR, M. D., Senior Assistant Physician.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent; GEORGE W. GORRILL, M. D., First Assistant Physician.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent; ROSS McCLURE CHAPMAN, M. D., Senior Assistant Physician.

St. Lawrence State Hospital, PAUL G. TADDIKEN, M. D., First Assistant Physician.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent; WILLARD H. VEEDER, M. D., Senior Assistant Physician.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent; CARL VON A. SCHNEIDER, M. D., First Assistant Physician.

Mohansic State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Kings Park State Hospital, WM. AUSTIN MACY, M. D., Medical Superintendent; AARON J. ROSANOFF, M. D., First Assistant Physician.

Long Island State Hospital, ELBERT M. SOMERS, M. D., Medical Superintendent; ERVING HOLLEY, M. D., Senior Assistant Physician.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent; GEORGE H. KIRBY, M. D., Director of Clinical Psychiatry.

Central Islip State Hospital, G. W. MILLS, M. D., Senior Assistant Physician.

- Rev. EDWARD H. COLEY, Manager, Utica State Hospital.
 Miss BERTHA A. PECK, WILLIAM T. MORRIS, FRED J. MANRO, and
 CHARLES R. PHILLIPS, M. D., Managers, Willard State Hospital.
 Mr. WILLIAM H. ROGERS, Manager, Middletown State Homeopathic
 Hospital.
 Mrs. MARY S. GOODALE, Manager, St. Lawrence State Hospital.
 Mrs. LILLIAN H. GORSLINE, Manager, Rochester State Hospital.
 Dr. WILLIAM D. GRANGER, SEABURY C. MASTICK, and ARTHUR
 OUTRAM SHERMAN, Managers, Mohansic State Hospital.
 Mr. ALEXANDER MCKINNY, ALBERT E. KLEINERT and Very Rev.
 JOHN C. YORK, Managers, Kings Park State Hospital.
 Mrs. JULIA KEMP WEST, and WHITMAN V. WHITE, M. D., Man-
 agers, Manhattan State Hospital.
 Rev. WILLIAM GARTH, Manager, Central Islip State Hospital.
 Dr. AUGUST HOCH, Director, Psychiatric Institute.
 Dr. WALTER G. RYON, Medical Inspector.
 Mr. GEORGE A. HASTINGS, Executive Secretary, Committee on
 Mental Hygiene, State Charities Aid Association.

The CHAIRMAN: The conference will please come to order.

The first number on the programme to-day is a statistical comparison of operations and results in the several State hospitals for the year ending September 30, 1915, by Dr. H. M. Pollock, the Commission's statistician. (See page 168 of this issue.)

The CHAIRMAN: The next on the programme is a paper on the standards of medical care in the State and licensed institutions by Dr. Walter G. Ryon, the medical inspector for the Commission. (See page 156 of this issue.)

The CHAIRMAN: There will now be a discussion of the papers which you have heard to be conducted by Dr. Hoch.

SUMMARY OF DR. HOCH'S REMARKS.

Dr. Hoch said he was very much interested in the question of the discrepancies which Dr. Pollock had pointed out, and that it was important to find out what was the cause of them. They may be due:

(1) To external unimportant factors, such as conditions of admission.

(2) To mistakes in diagnosis (e. g., an arteriosclerotic dementia, or a dementia præcox diagnosed as general paralysis).

(3) To an honest difference in diagnostic point of view (e. g., an involution melancholia diagnosed as manic-depressive, or a late dementia præcox as involution melancholia, an allied to manic-depressive insanity, as allied to dementia præcox).

(4) To factors, an investigation of which might bring to light valuable information regarding questions of etiology or public health.

The last point, of course, is the only one of any value, but in order to get that it is necessary to investigate first the other three. This should be done in order to make the statistics valuable. New York State has an unusually large number of cases available for statistical studies, cases which can be observed and diagnosed according to a uniform system. This represents probably a unique opportunity unequalled anywhere in the world at present. Therefore, every effort should be made to make these statistics comparable from year to year, and for the different hospitals among each other.

Dr. Hoch stated that it had occurred to him to compare the results in the year 1914 and 1913 in each hospital, and the figures in the different hospitals for the year 1914 with each other, first not according to the specific diagnoses but according to a somewhat cruder classification, comparing a group in which all the organic mental disorders and one in which all the constitutional mental disorders were united, while the latter group was again sub-divided into that of the benign and non-benign constitutional disorders. This is useful (1) in order to arrange the mass of data; (2) because we might thus perhaps exclude mistakes in diagnoses or differences due to different diagnostic points of view.

Tables were presented which showed these comparisons according to the grouping discussed. It was shown, among other points, that the figures of the organic group did not differ so much among the different hospitals as might have been expected, and that certain differences were readily explained by differences in the conditions of admission to the hospitals. However, certain striking facts stood out, such as the unusually high percentage of admissions of general

paralysis to Gowanda, both in 1914 and 1913, which could hardly be accounted for by the conditions of admissions; again, the fact that Binghamton had an unusually small number of cases of manic-depressive insanity and dementia præcox at the expense of psychoneuroses and constitutional inferiority; and that an unusually large number of cases had been diagnosed as non-benign psychoses in Kings Park, which was due almost exclusively to the frequency with which the diagnosis of allied to dementia præcox is made. It was pointed out that both of these results, in which these two hospitals stood out among the others, were probably of somewhat the same origin—both depended on a diagnostic point of view which might be defended, but in regard to which a general agreement should be reached. It was suggested that at the end of each year each hospital try to study its results with a view of seeing what changes were taking place from year to year, and in what way the results differed from other hospitals in order to see whether these differences are due to the material or to mistakes or special points of view not shared by the rest of the hospitals.

The CHAIRMAN: After this very interesting analysis of the statistics by Dr. Hoch, I am sure the superintendents and the members of the staffs who are here will be glad to explain and discuss the questions raised.

Dr. HOWARD: Dr. Hoch seems to have covered that portion of the discussion so thoroughly that it would hardly be proper for us to try to elaborate it. Dr. Ryon came back to me and said he was sorry he had to rub it into Rochester so hard about the autopsies. I told him I would go as mild as possible on the other side of the question but the fact is that when hospitals are close to the heart of the community that they serve and cultivate a relation of friendly interest by relatives in patients during their hospital life and are courteous and considerate in making a request for autopsy at the time of death, and in fact bear the true relation of a State hospital to an intelligent and refined community such as we have in western New York, you will find the autopsy rate at Rochester is about right. You set a lot of young doctors at work to rival each other in how many autopsies

they can hold in the course of a year, give them a free hand, and the wishes of the relatives have very little to do with it. Sometimes when the patient comes to the hospital and the family is in trouble, overwhelmed with great grief over such a sickness, and at the outset consents to autopsy in case of death this is put down on the record and then when death occurs the autopsy is done without further inquiry—that is the procedure, as I understand the case, practised by some of the doctors in the hospitals. The intention of the law is that when the patient dies, the relatives are to be consulted as to whether there will be an autopsy. Supposing you have a large proportion of patients visited often during the last sickness, and the relatives have the undertaker there promptly to give proper family burial, the autopsy proportion reduces itself to about the rate at Rochester. There is such a thing as carrying on this study to such a degree that the hospital does not serve the community as best it could.

Dr. ELLIOTT: The Rochester State Hospital is not the only one that has had certain things rubbed into it. Dr. Hoch has given a very good analysis of these statistical data and has simplified to a considerable extent the discussion of them. He laid great stress on the fact that the proportion or percentage of organic cases received at Willard is very high. He coupled Willard with Long Island in regard to that feature. This I think can be explained satisfactorily. I have known for a long time that the proportion of this class of patients is high at Willard, and several years ago I made some investigations to find out the reason for it. A large proportion of the so-called organic cases include patients who are advanced in years, particularly senile cases. Now, as is well known, the district from which patients come to Willard is extremely rural in character; it embraces nine counties which have an aggregate population of something like 400,000—about the same as the city of Buffalo. An interesting thing, too, is the fact that at least three of these counties have been steadily decreasing in population for several years. According to the reports of the United States Census Bureau the relative pro-

portion of persons over 65 years of age in rural communities is very much greater than it is in cities, which explains the high proportion of senile patients received at Willard. Then another matter which should be taken into account is the fact that poverty is not by any means limited to the larger cities, it is to be found to quite a degree in rural communities, and the question always arises when we receive the commitment of a senile patient, as to whether the circumstances are such as to afford the necessary care at home. This phase of the subject has been discussed at these conferences on former occasions. I have myself these last few years visited many of the homes where these old persons lived and found very unfavorable conditions, and for humane reasons many of this class have been received.

There are other things in these statistics which are affected by peculiar conditions. For instance, take the matter of the proportion of alien patients in the various hospitals. It is near the average at Willard—25.9 per cent, as compared with a general average of 26.5 per cent, but these statistics lose sight of the fact that Willard is affected by the number of patients transferred from the metropolitan district; over 40 per cent of our patients have come from the metropolitan district and in these transfers a very large proportion are aliens. As a matter of fact the admissions from the hospital district proper furnish only a relatively small proportion of foreign born.

The question of the alcoholic cases is an interesting one and the records at Willard, I think, show that there has been some diminution in the prevalence of alcoholic insanity. This is interesting from the fact that during the last few years a large part of the district has been deprived of license. What influence this may have exerted upon the number of alcoholic patients received, is a question. The no license issue, of course, does not involve cities at all.

With regard to the question of diagnosis, we owe a great deal to the Psychiatric Institute, to Dr. Adolf Meyer and to Dr. Hoch, who have done so much to unify methods of classification and diagnoses. I quite agree with Dr. Hoch that perhaps the discrepancies come largely in the so-called

benign or constitutional conditions as distinguished from the organic class. I was not aware that the percentage of paresis is high at Willard.

Dr. HOCH: High compared with Binghamton or the other up-State hospitals.

Dr. ELLIOTT: As to the number of autopsies this is influenced to some extent at Willard by the relatively large number of patients transferred from New York, who have no relatives, and in this respect we are, perhaps, not entitled to as much credit as would appear on the surface.

Dr. SOMERS: Concerning autopsies, I have had experience in two institutions quite dissimilar as to the area of the respective districts. I think the larger area from which patients are drawn permits of greater ease in securing autopsies. There are not as many relatives to visit the patients and therefore there are not as many to deal with when it comes to the question of securing permission to examine the remains. At the Long Island institution we have over 35,000 visitors a year. In an institution like Manhattan there are over 150,000 visitors a year. In the metropolitan district therefore the patients are quite closely watched by friends, and since they are notified promptly they at once appear when a patient becomes critical. The undertaker also appears very promptly to claim the body. In asking for an autopsy we are generally dealing with the entire family and some one is quite sure to object. There is also the religious element to be taken into consideration. We invariably ask for permission to hold an autopsy. Our number should be larger in view of the fact that the total number of deaths at our institution is 47 per cent of the number admitted during the year.

Dr. MABON: I would like to ask Dr. Kirby to discuss this subject but before he does I would like to say something. I think Dr. Ryon's statement is made a little too harsh and should be explained. If we had the same percentage of autopsies as some of the other institutions we would have required three or four pathologists to do the work. We receive from 1,500 to 1,900 patients a year. We have a great many deaths, at least 600 a year. We make

a request for an autopsy in every case. The first assistant physician reports to me the reasons why permission for an autopsy is not obtained. We find we have to have some regard for the religious belief of our patients. A great many refuse autopsy on that account. We feel we should not urge beyond a certain point when people have these views. Again in New York City there has been several suits brought against physicians who performed autopsies. Even against a coroner's physician. The coroner's physician has had a civil suit brought against him and a verdict was rendered against him of several thousand dollars because in making the autopsy he went beyond the cause of death.

It is all right to have autopsies but a large number does not show necessarily a greater scientific spirit. The scientific spirit is with the man and that must be encouraged by the head of the institution. The character of the work done in the laboratories should be some index of the scientific work. There might be a great many autopsies performed and the material not worked up properly afterwards. It might be well to inquire into that aspect of the situation.

In regard to the admissions, psychoses and diagnoses, Dr. Kirby will speak. The unrecoverable cases coming to us averaged pretty nearly 40 per cent this year. About 18 per cent were cases of paresis, absolutely unrecoverable and with the other cases such as the senile and a large proportion of dementia præcox, we have a very high percentage and can not get a fair rate of recovery. A scheme in which the recovery rate should be based upon the form of insanity would afford a proper way of judging the treatment and cure.

Dr. KIRBY: In regard to the voluntary admissions, it appears that the metropolitan hospitals as a group stand low. I have been rather interested to know why that is so. I think it depends chiefly on the policy of the hospitals toward receiving voluntary patients. I was rather surprised to find that such a considerable number of chronic and incurable cases have been received in some of the hospitals. For instance, cases of paresis, senile dementia,

organic conditions, etc., make up about one-fifth of the voluntary admissions in some instances. At Manhattan we do not receive these types of cases on voluntary application as we are inclined to admit only the acute and recoverable cases as voluntary patients.

The overcrowding of the hospitals must also affect one's attitude toward voluntary admissions. The facilities for treatment outside will have something to do with the number of voluntary admissions; dispensaries for handling mild psychoses and border line cases and for psychoneuroses, of which there are a great many in New York City, make it possible to carry along cases which in other communities would hardly be able to get along without institutional treatment.

In regard to the diagnostic groupings, the variations for Manhattan are not striking. The groups in Table 7 show a variation of less than 2 per cent with the exception of alcoholics. Allowing for certain inevitable fluctuations and diagnostic errors, these variations are probably accounted for by the number of months we receive patients every other week. This naturally shows in our percentage ratio of the different psychoses because of the patients going on alternate months to Central Islip; it also explains the raising and lowering of the different organic psychoses in succeeding years.

The reduction in the alcoholic group reported to be general throughout the State is I think one of the most important observations mentioned. There are several factors to be considered. Looking back on the percentage of cases for the State hospitals as a whole the figures are fairly uniform from 1909 to 1913. Since 1913 when a special study was undertaken there has been a decided drop in the number of alcoholic psychoses probably due to a more careful sifting out of cases from the alcoholic group which was formerly too large and poorly defined. I think, however, that the number of alcoholic cases is actually smaller than in former years. I base this opinion on the number of Korsakow cases received. We have noted for the past few years a decided falling off in the Korsakow cases among the men,

so that I am inclined to think that these cases which offer no special diagnostic difficulties, are a good index of the actual number of alcoholic cases occurring in the community.

Dr. ROSANOFF: The differences between the statistics of the Kings Park Hospital and the general averages for the entire State are for the most part very slight, and where they are at all considerable they have already been accounted for by Dr. Hoch in his discussion; for instance, our low relative number of cases of "senile psychoses" and of "psychoses accompanying other brain or nervous diseases" (including cerebral arteriosclerosis) is explained by the fact that the many cases belonging to these groups in which there is marked physical weakness are received at the Long Island State Hospital which is much more accessible; our low percentage of such cases is thus counterbalanced by the very high percentage of them in the statistics of the Long Island State Hospital.

There is, however, one point which calls for special explanation, namely, our relatively high proportion of cases assigned to the "allied" groups, this being the result of deliberate policy; on the one hand, we have tried to keep out of the "straight" groups the many cases which come to us—and which must come to other hospitals as well—in which, owing to inaccessibility of sufficient data, a positive judgment could not be arrived at; on the other hand, our figures are, in a measure, an expression of the view held by us, and by other psychiatrists as well, that many cases met with in practice do not correspond very closely to the classical definitions of the "straight" groups.

If we ignore, for the moment, the distinction between the "straight" and "allied" groups and compare, as Dr. Hoch has done, the "benign" with the "malignant" groups in a general way, we find that the "malignant" groups are relatively large in the Kings Park statistics. We have felt that the "benign" groups are better defined; moreover, they seem to be known to us largely by things which do *not* characterize them—prominent hallucinations, very absurd ideas, inconsistent emotional tone, evasiveness, etc.; and the appearance of such features has often determined for us the

placing of cases in the general schizophrenic group. This results, naturally, in a high percentage of recoveries for our group "allied to dementia præcox;" but we have not allowed that circumstance to influence our policy, as we have long held that the malignancy of the dementia præcox group has been exaggerated.

To summarize the situation, as far as Kings Park is concerned—we have tried, for the sake of order, to adhere to the classical definitions of the clinical groups; at the same time we have aimed to avoid arbitrariness and the lawless play of personal equation, preferring to be guided as far as possible by the nature of things; and it was thus that we found ourselves, in the end, putting an unusually large proportion of our cases into the very wisely provided "allied" groups and many recoverable cases into the groups hitherto considered as mainly characterized by malignancy.

The best results could be expected only upon the formulation of a uniform policy by common consent for the guidance of all the hospitals. In the absence of such a policy, our hospital has felt free to develop one of its own; and now, that the results are on exhibition and our figures show a striking deviation from general averages, we still feel that our percentages represent a closer approximation to facts than would have been the case if we had ignored the considerations which I have outlined and which guided us in our work.

Dr. MILLS: Dr. Hoch has called attention to quite a number of points where Central Islip differs from the general averages in the State and has given a point of view which I did not have before I came here; *i. e.*, combining into various large groups. I do not feel I can completely explain these differences, but I would like to emphasize what Dr. Kirby said about receiving at Central Islip and Ward's Island. It varies very markedly from year to year, some years we will receive continuously over long periods in winter or in summer, and I think we know there are certain fluctuations depending upon climatic as well as economic conditions that exist in large cities year after year. I would like to see a comparison of the figures from a longer period

than one year and I think that there are certain points which influence the doctors on the different staffs, such as special studies. I think the alcoholic figures show that very clearly. The staffs have been more careful and have eliminated a number formerly thrown into the alcoholic class just because they drank. I think interhospital conferences often influence the diagnostic grouping at that hospital, particularly if they deal largely with a certain group or class of cases.

Dr. PALMER: I would call attention to the activity of the service at Utica. During the year, 434 patients were admitted, which the table shows is the largest admission rate in the State, excluding that of the hospitals of the metropolitan district and the Hudson River State Hospital. If to this number transfers were added, it would show that 598 patients were received during the year.

A striking feature of the service is the reduction in the number of cases admitted with alcoholic psychosis (14.2 per cent to 6.4 per cent) and manic-depressive insanity (13 per cent to 7.3 per cent). This reduction is common to a number of the hospitals. These two groups provide a large number of the recoveries and on looking at the recovery rate, as might be expected, we find it reduced somewhat over preceding years. At Utica, the recovery rate for several years has been in the neighborhood of 25 per cent. This year, it is only a little over 21 per cent with an average in the State of 19.9 per cent. I estimate that the decline in the admission rate of alcoholics alone accounts for nearly 5 per cent of the difference.

Dr. TADDIKEN: In addition to what has already been said I would add that we made a special study of our manic-depressive and dementia præcox cases, and found that errors had been made in both directions; some manic cases should have been præcox, and vice versa. We made about the same number of mistakes in diagnosis in each type of cases and we still have a few cases in which the diagnosis is not certain.

In reference to voluntary admissions, we encourage as many cases as possible, whether recoverable or not, to come voluntarily, admit them so long as they comply with the law, appreciate their condition and know what they are doing.

In reference to the alcoholic cases we are of the opinion that there has been a general diminution in the number admitted. The special study recently made has given us more information in the line of diagnosing alcoholic cases and because of this better knowledge we have excluded some that previously would have been included in the group. Another reason for the different figures is that one year we had quite a few cases of delirium tremens admitted which was not the case the next year.

The CHAIRMAN: There are quite a number of assistant physicians here. We would be glad to hear from them.

Dr. GORRILL: Regarding Buffalo, as Dr. Hurd has said, we were about on an average with the other institutions in all respects. Regarding the alcoholic group, we have dropped down a little in the past year. I think this is probably due to the extra study we have placed on these cases. Our recovery rate, during the past year, was smaller than the year before, which, I believe, is due to the small number of manic-depressive cases admitted during the past year. Why the number of manic-depressive cases has decreased, I do not know, unless they vary from year to year; as the amount of study on individual cases is about the same, the same physicians are in charge of the admission services, and, therefore, a change in personal opinions could not enter into it.

I do not think we can depend on figures having to do with but one or two years, as, I am sure, they will vary from year to year, for instance: During the fiscal year ending September 30, 1914, we admitted 8 men and 8 women, who were diagnosed as involution melancholia, and during the last fiscal year we have admitted 15 women, who belonged to this group, but not one man who was diagnosed as involution melancholia. I have reviewed all the cases and can not find a case admitted during the year, which I could call a case of involution melancholia, yet the same doctors were studying the cases and assisting in making the diagnoses.

Dr. POTTER: Dr. Howard's remarks, concerning permission for autopsies, are interesting. For some years we have had a higher percentage of autopsies on patients having

relatives than we have had on cases that had no friends or relatives. We have only two undertakers in Gowanda to deal with and they live in the village and we have succeeded in impressing them with the fact that post mortem examination won't interfere with their work to the extent they formerly thought it did. I know from personal experience that undertakers very frequently advise relatives not to allow post mortem examinations. We found that in many cases, but these two men have been taught not to give such instructions to relatives.

Possibly, it is not true in the metropolitan district, but in the rural districts, I believe that if the relatives are taken in time they can be made to see that the autopsy is a benefit. While I can not say that we have had relatives insist upon post mortem examination, we do receive many letters asking for the results and whether the post mortem findings were of interest to the family.

The large percentage of cases of paresis received at Gowanda is quite remarkable. I think that has been taken up with Dr. Schneider at different times. We receive a great many more men patients than women. We receive a great many cases from Buffalo committed from the jails and prisons, or who are picked up in the streets. The arrangements with the city of Buffalo and Dr. Hurd are that we take a certain per cent of commitments from Buffalo in order to relieve the Buffalo State Hospital and naturally they are cases who have no relatives or friends. Many of the cases from the jails and prisons have paresis. The city of Salamanca in our district also yields a goodly number. I believe Dr. Schneider has looked over the cases for more than two years and possibly he has something on comparative statistics which might be of interest.

Dr. SCHNEIDER: The thing that impressed me particularly is that the statistics for two years do not cover enough ground. Alcoholic psychoses, particularly, dropped from 13 per cent to 7 per cent, but in 1912 we had 8 per cent so that the increase from 1912 to 1913 almost counterbalances the drop from 1913 to 1914.

One point Dr. Hoch brought up is the number of consti-

tutional cases, we have at Gowanda. I don't know why that is. It is very striking, and after you have eliminated the cases from Buffalo, you will find the proportion of constitutional cases in this district is often larger than the percentage given. In alcoholics we almost never have cases of the organic type. We are very careful with senile cases and examine them closely and do not accept them if they can be cared for at home. Very many are committed that are not accepted at the hospital.

The CHAIRMAN: I have been waiting to hear something from Binghamton regarding the rate of autopsies.

Dr. WAGNER: I was reminded during the discussion of an incident in that one time rather famous book "David Harum." David praised the off horse very often and finally a friend says to him, "what is the matter with the nigh horse, David?" and the reply was, "I don't have to speak for him, he speaks for himself." The record at Binghamton speaks for itself. In our experience we have found the measure of our success in gaining concession in about direct proportion to the amount of delicacy and diplomacy used in approaching the friends.

In regard to the differences in the table of diagnoses. I have given quite a little attention to that and we have noted the very marked differences between the different hospitals and particularly in our own in regard to 1913 and 1914 with reference to manic-depressive insanity and dementia præcox. I am unable to explain that difference. The members of my staff have conferred with me in regard to it and we are not able to give a very satisfactory explanation of the difference, but I think Dr. Hoch struck the key note when he said that he felt that there is need of closer agreement upon just exactly what constitutes the different forms of insanity. Years ago when we threw everything in the way of excitement into mania and everything in the way of melancholia into that group and all the demented people into dementia, it was a simple proposition, but now we split it up into some fifty subdivisions; one shading into another so nicely it is a very easy thing to slip a patient in a pigeon hole on one side or the other of the allied conditions and un-

differentiated states. I think therein lies the great difficulty. No two groups of men will see the particular case in exactly the same light. They make their diagnosis a little different because we can not reduce the diagnoses to mathematical proportions, and until there is closer agreement upon what exactly the various subdivisions mean, we are going to have in our statistical tables, the trouble shown in these tables Dr. Pollock has submitted to-day. I would like to have Dr. Chapman who has charge of our acute service, offer a few words of explanation.

Dr. CHAPMAN: I do not think that at Binghamton our conception of benign and non-benign constitutional psychoses differs at the present time from the conception held by most other hospitals as would be indicated by Dr. Hoch's comments on the admissions of 1913 and 1914. We have made as careful a review as possible of the cases admitted during those years. I was interested in what Dr. Gorrell said, that in the year 1914, as I understood him, there were by far fewer manic-depressive cases admitted to Buffalo than usual. We found in the hospital year 1913 there were fewer dementia præcox cases admitted than was usual, and again in reviewing the cases of 1914 we found there were fewer frank manic-depressive cases admitted during that year. In the year 1913 and to a lesser extent in 1914 we had some difficulty in arriving at diagnoses in atypical cases and for a year or more we instead described certain of these cases. We made, in fact, descriptive diagnoses. It was a good idea I think, indeed its value to us was unquestionable, but unfortunately those cases have in the last year or two not been gone over and placed in the groups where we realize now some of them should go. Among them are both dementia præcox and manic-depressive cases. Consequently, there is in the statistics, a little confusion as a result of that plan. To repeat, I think our conceptions of the benign and non-benign psychoses are quite in accord with those of the other hospitals.

Dr. HOCH: What Dr. Chapman says in regard to making descriptive diagnoses rather than one word diagnoses is something with which I am rather in sympathy, especially if it refers to the constitutional group. To formulate fully

a clinical picture is better than to give it a label. But for the purpose of statistics we have to have specific diagnosis and can not get along without it.

Dr. MAY: No attention in this discussion is being given to several matters referred to by Dr. Hoch and others, particularly with regard to the differences of policy. A comparison of some of these statistical tables for instance, will show a disposition on the part of some institutions to discharge a great many cases recovered with a very small number or almost none at all, discharged much improved or improved, while on the other hand those institutions having a smaller recovery rate have a much higher percentage of patients discharged as improved or much improved. There seems to be a difference of policy in some of the institutions, whereas the total relative number of cases benefited by treatment will be seen to be almost the same in the different hospitals. Certainly there is difference of procedure here, and it seems to me that it ought to receive a little more attention than it has received in this discussion.

Another thing almost entirely overlooked in the discussion so far is the question of restraint and seclusion. The chart to the left shows very startling conditions in the various institutions as regards policies of restraint and seclusion, and I think some reference should be made to that. You will notice that Hudson River with 3,000 patients had no restraint or seclusion whatever during the last year, and I understand none during the last four or five years. Some of the other institutions of nearly as large a population as Hudson River have had to use comparatively a great deal of restraint and seclusion. Those are questions worthy of attention. We have heard a great deal during the last few years about the objections to the use of restraint and seclusion, and about the advisability of hydrotherapeutic and other procedures in disturbed cases. When we look at those figures we see there is a great deal of difference in the customs of the various institutions. It would be interesting to hear from some of the hospitals regarding this matter.

The CHAIRMAN: I will now declare a recess until 2.30 p. m.

AFTERNOON SESSION.

The CHAIRMAN: As Dr. Mabon has another engagement very soon, we will, if there is no objection, take up the reports of the committees long enough for a report of the Committee on Forms.

Dr. Mabon then read the following report of the Committee on Forms:

The Committee on Forms beg to report that the forms have been divided into three groups:

1. Medical.
2. Steward.
3. Administration.

A bound book has been provided for filing the forms of each group. The Committee expect to confer with the superintendents of each hospital within the next three months before making a final report to this conference.

Meanwhile, the committee recommend that circular letters, regarding clothing of patients, Christmas letters, acknowledgment of Christmas presents and matters of purely local interest, should not have a form number, but should be printed, after having been referred to the Chairman of the Committee and approved by the State Hospital Commission.

A motion was offered and duly seconded that the report as read be adopted.

Dr. PALMER: I would suggest that Christmas circulars and other forms which are used at rare intervals be supplied without formal approval by the Commission.

A motion was made to adopt the report and it was duly adopted by the conference.

The CHAIRMAN: Dr. Mabon would like to submit a report for the Committee on Rules and Regulations.

The report as presented by Dr. Mabon follows:

The Committee on Rules and Regulations have held two meetings since the last conference, and beg to submit for discussion the following suggestions regarding Rule 20, as contained on page 11 of the rule books and in Form 394, found on page 172 of the Handbook of the State Hospital Commission for the year 1915.

1. Vacations and absence from duty.—Employees of State hospitals for convenience in the application of rules relative to vacations and absence from duty, shall be divided into three classes, as follows:

(a) Employees whose service is substantially continuous covering all the days of the week, shall be granted not more than sixty-six days leave of absence during the year, including vacations and holidays, without loss of pay, and the time shall be arranged at each hospital by its superintendent.

(b) Employees regularly in the service of the hospital, who are not on duty Sundays or holidays, shall be entitled to two weeks annual vacation and each legal holiday or its equivalent.

(c) Skilled artisans and those whose hours of labor are well defined who are paid on account of their skill the commercial rate of wages, and who are not engaged evenings or Sundays, shall not be entitled to an annual vacation.

Temporary employees shall not be entitled to vacation or other time allowance with pay.

Superintendents, however, are empowered, subject to the approval of the State Hospital Commission, to modify the rules and regulations regarding vacations and leaves of absence at such times as in their judgment the welfare of the hospital demands such action, and if an employee's services are needed on legal holidays or Sundays, or at other times when not regularly on duty, an equivalent of such time shall be given at the convenience of the hospital.

Dr. HOWARD: I wonder if the chairman of the committee can explain why persons whose services are practically continuous should have less time allotted them than persons whose services are not continuous. We give those people ten holidays and take holidays away from those whose services are continuous. It makes a sore feeling throughout the institution, and I have not the skill to explain it. If the chairman can give us a cue as to how to explain it, it will be appreciated.

Dr. MABON: Dr. Howard is familiar with the institutions. There is no change in the rules from what they have been.

They are just the same as they have been and I do not see how you can allow your ward attendants to be away more than that amount of time.

Dr. HOWARD: Don't you see how we can prevent other people being away all that time.

Dr. MABON: I defy Dr. Howard to get up a set of rules that will be satisfactory to everybody.

On motion made and duly seconded the report of the committee as read was adopted by the conference.

Dr. WAGNER: Since the last conference your Commission and the officers and employees of the institutions and all the patients in the State hospitals have suffered a very great loss in the death of Commissioner Friday. It would seem to me appropriate at this time that this conference should adopt resolutions expressing appreciation of the Commissioner's services and that they should be made a part of the record and copies sent to members of his family.

I would make a motion that a committee for that purpose be appointed.

Dr. Wagner's motion was duly seconded and adopted by the conference.

The CHAIRMAN: As the motion has been adopted, I will name as the members of the committee to prepare a suitable set of resolutions on the death of Commissioner Friday: Dr. Wagner, Dr. Hurd and Dr. Macy.

The CHAIRMAN: When the conference took its recess for luncheon, we were discussing papers numbers one and two and had not entirely finished that discussion. We will now take it up again. I think Dr. Waldo was to say something at that time.

Dr. WALDO: Dr. Elliott has requested me to call your attention to one thing concerning the matter of paroles. It appears that our parole rate, or percentage on parole, of the number of patients in the institution is rather low. This is true, but our institution is rather large for the district; consequently our discharge rate exceeds the admission rate, and we are filled up several times a year by transfers from the metropolitan district. These are usually of the chronic type and are not always selected for desirability, I am

afraid. It seems that if our parole rate were based on the number of patients admitted rather than on the total number in the institution, it would appear rather more favorable to the institution.

As has already been shown, our admission rate of organic cases is rather large, and these are not suitable for parole. If the figures could be based on the number of functional cases admitted, it would appear still more to the advantage of the hospital.

On one other matter I wish to give an opinion and that is concerning the personal equation in diagnoses. It is my opinion that these organic cases are sufficiently plain as a rule, and that ordinarily functional cases would not be diagnosed as organic cases. Why we get more organic cases at Willard may depend on several things which I will not trouble you with at this time.

Concerning the conduct of the staff meetings. We hold two staff meetings each week for presentation of patients. The meetings consume from one to one and a half hours, and very little administrative matter is introduced. All cases are subjected to informal discussion. We have an unusually democratic staff owing to our secluded life at Willard, and the discussions are very informal. The diagnoses do not therefore depend on any one individual, but on the opinion of the entire staff.

Dr. HAMILTON: Things I would gladly have said if I had been able have already been better said by several of the speakers. The principal discrepancy, I believe, between the figures of Utica and other hospitals was in the proportion of cases of dementia præcox and that merely means that some other hospitals had too high a proportion, to paraphrase another speaker.

The decrease in alcoholic and manic-depressive insanity is quite striking in the figures presented here. I might add that the figures for 1915 at Utica show a still further decrease—which does not lessen the interest in the fact. We do not know why this is. There are some elements in the situation which might account for part of the decrease between 1913 and 1914, but I do not know of anything which

would throw any light on the continued decrease unless it be that there has been less drinking in our district.

Dr. VEEDER: On looking over these tables and comparing Rochester with the other hospitals, I find the averages are similar, except the percentage of autopsies, and the number of deaths. Rochester receives rather a higher proportion of senile cases. This last year 21 per cent of the cases were 60 years of age or over, and the figures for all the other hospitals show about 17 per cent.

In regard to restraint Rochester is rather high. I know that many of those cases under restraint are there for medical or surgical reasons and not because of the conduct of the patients.

Dr. RAYNOR: In regard to the record of restraint, I feel as Dr. Wagner does in regard to his record of autopsies: "It speaks for itself." Dr. Pilgrim has always made a decided effort to reduce the amount of restraint used and has talked to his staff a great deal about this. Consequently, we have gotten along without restraint. In its place continuous treatment tubs, wet packs and sometimes dry packs have taken its place.

One of the reasons why we have a large number of voluntary patients admitted is, that each patient who leaves the hospital, who may possibly have to return and if so will be a suitable case for admission as a voluntary patient, is encouraged to return as such. There has also come to the hospital each year a number of patients who are sent from remote parts of the hospital district by their physicians expecting to be admitted as voluntary patients. Many of these are not suitable, but because of the great distance they have come and since their people are willing to immediately undertake their commitment they are allowed to sign the voluntary admission blank and are received temporarily as voluntary patients.

The recovery rate of 15.2 per cent in the Hudson River State Hospital is low. The discussion of percentages of the several psychoses we had this morning only took up the years 1913 and 1914 and not the past year of which the recovery rates under discussion belong. In 1913 we had a

recovery rate of 18 per cent and in 1914 21 per cent. This year a peculiar situation has developed in regard to our admissions. We had 81 more admissions than we had the previous year; also we had 106 more cases of dementia præcox admitted. The striking thing about it is that the increase in these cases of dementia præcox is entirely confined to two counties, Albany and Westchester, the remainder of our district contributing only a relative increase. These together with the diminution of the number of cases of manic-depressive insanity and of alcoholic psychoses has lowered our recovery rate materially. The lessened number of alcoholic cases is not entirely due to the new methods of studying this group of cases and is an absolute as well as a relative decrease. For instance, in Poughkeepsie, the former jail physician sent all cases to the hospital as soon as they showed any signs of delirium or hallucinations. Now the jail physician takes care of a certain number of these cases.

Dr. PILGRIM: I think it ought to be taken into consideration that Pavilion F of the Albany Hospital is in our district; therefore we lose a great many acute recoverable cases which if it were not for that Pavilion would come to the Hudson River State Hospital. We lose in addition many alcoholic psychoses which would come to our hospital; so Pavilion F materially lowers our recovery rate.

The CHAIRMAN: You probably have noticed the chart which shows that one of the hospitals had 378 patients in restraint and another had 166 and that you had none. I think quite a few would be glad to have you explain how you succeeded in having none.

Dr. PILGRIM: I will only say this. Away back in 1882 when I was assistant physician in the Auburn Asylum for insane criminals, Dr. MacDonald inaugurated the system of nonrestraint. I was with him for a year and I was so thoroughly imbued with the spirit of nonrestraint that such a thing as the use of restraint never occurs to me. Whenever it has been used at Poughkeepsie I have consulted with the assistants and have opposed it rather vigorously and they know my feelings. I think that is the reason.

Dr. ASHLEY: I would like a moment to ask a question in this restraint matter. It is a very important subject. I believe in nonrestraint and strive very hard to abolish mechanical restraint entirely, but I am not able to get along without some restraint, particularly in surgical cases, because we must at times have patients who are liable to take dressings off, and must be restrained to prevent their doing so. They are apt to get their fingers in the wounds and infect them. In every one of the hospitals there must be some such cases and I would like to know what Dr. Pilgrim does.

Dr. PILGRIM: I simply provide those cases with a sufficient number of attendants to take care of them.

Dr. SOMERS: We admit feeble patients. Seventy-seven per cent of our patients are brought in on a stretcher. Many of these are in an infective-exhaustive condition, senile, or organic. Many require minor surgical attention. Superficial conditions such as boils, furuncles, and bruises, are common. We have not in our small hospital a sufficient force to give each patient adequate attention at all times. We have but two continuous baths and they are constantly in use. We do not feel it safe to put organic or senile cases in the continuous bath. Under the circumstances we think it is a wise and economical measure to use the sheet for the feeble class.

Dr. MACY: I would like to say a few words on restraint. I have always been very much in favor of nonrestraint. At the beginning of my career I was brought up on the total nonrestraint and nonseclusion system, and it was not until I had been superintendent a good many years that I would admit the possibility of their being at all necessary. During all that time I think I agreed thoroughly with what Dr. Pilgrim has said; later on it seemed to me I was probably somewhat extreme and finding other ways of handling such cases in vogue in other institutions, I made up my mind to try them. I still favor as little restraint as possible and I think the record of Kings Park shows that it is very small. There was no seclusion and only 34 cases of restraint during the year with an average population of

over 4,000 patients. Very little is used, but I think it is more humane in surgical cases such as Dr. Ashley spoke of, and that you can get better treatment with a moderate use of restraint than without it.

Dr. ROSANOFF: It seems to me that the differences between the hospitals in the matter of the use of restraint are more apparent than real. In every hospital certain means are employed in the treatment of disturbed cases which are not reported as restraint, but which nevertheless accomplish the same object; feeble, bedridden, restless patients are tucked in with sheets and blankets wound around the bed frame to prevent them from falling out; "dry packs" may restrain patients' movements more effectually than any form of restraint officially recognized as such by the Commission; hyoscine or other forms of "chemical restraint" will make easy, like magic, the elimination of the officially recognized "mechanical restraint." A proper comparison of conditions prevailing in the different hospitals as regards the use of measures of restraint could be made only when all these and similar matters are taken into account, and not merely a bare statement of the employment of the restraining sheet, camisole, and mittens.

As to the "number of patients on parole" at any given time, it would seem clear that here, too, the figures of the different hospitals are not strictly comparable with each other owing to the lack of uniformity of the average length of parole granted. Some hospitals prefer, as a rule, only brief paroles,—one, two, or three months,—others almost invariably grant paroles for the maximum limit of time allowed by law; the latter will, of course, have at any given time a greater number of patients on parole, though not granting more paroles, or even while actually granting fewer, than the former.

Dr. HOCH: I think it is rather a pity that the topic of recoveries has not been taken up. I think it advisable to consider it, as it is quite important.

Dr. SCHNEIDER: I notice our recovery rate is rather high and Dr. May has suggested that this be explained. In

the much improved column we have not very many it is true, but we have a larger percentage in the improved column than they have in other hospitals, and I believe the cases belong there. I don't mean that this influences our recovery rate, but I think it explains the small number in the much improved column. One of the things that does influence the recovery rate is what we brought out this morning. We have a very large proportion of constitutional cases among the admissions and these recover quickly. Environment also has its influence. Each case is followed throughout the entire course of the illness by the same physician and I believe the patients do better in that way, also our alcoholics are all recoverable cases. We do not get any other kind. We have a great many cases among the country people that in the cities might be called feeble-minded, but they are not. They go into simple depressions and excitements from which they recover. I think perhaps the treatment may have something to do with it.

Dr. HURD: In regard to restraint, I think Dr. Rosanoff has thrown some light on it. Many cases of restraint are not called restraint, such as hot packs, because given for medical purposes. All kinds of cases are admitted to our hospitals, some with fractures, injuries, after operations or with violence and exhaustion, in which it is absolutely necessary that the patients should have some form of protection from themselves. We have not enough attendants to secure manual restraint of patients trying to injure themselves, even if desirable, and it is not desirable, because manual restraint promotes anger, opposition and violence on the part of patients, whereas the protection sheet does not. There are some surgical cases where, in my opinion, restraint is absolutely required. Some physicians seem to use it more than others, but there seems to be an irreducible minimum where it is required by the patients. For a year we did not use restraint in a single case, but we went back to a moderate amount, especially in surgical cases, and I think we took better care of the patients.

Dr. ASHLEY: Our recovery rate, I think, compares

favorably with the other hospitals. I do not know that we have any special methods of treatment which the other hospitals do not have. We make an earnest effort to study and treat every case as an individual, and I think that is the effort of all the hospitals. If we have recoverable cases admitted, I think we do assist them to recovery, but there are in our hospital, as in all the others, many cases who, by the very nature of their maladies, can not recover, and it is a foregone conclusion that they will become chronic.

Dr. PILGRIM: Dr. Schneider very modestly intimates that the recovery rate at Gowanda may be due to the treatment. If that is so, I think he owes it to the rest of us to tell what that treatment is.

Dr. SCHNEIDER: I would not care to precipitate a discussion of that kind. I do think where the admission rate is small and where each member of the staff has only a few patients and follows those patients through the course of the illness, better results will be obtained than where the patients are on the reception service under one physician and later are transferred to some chronic service under other physicians.

Dr. ASHLEY: I do not want to suggest cutting short this discussion, but as the time is getting late and we are still on the first paper of the day, and still have two or three others to take up, we might close this discussion and take up the others briefly, and then go into executive session. We have very important matters to discuss with the managers which should be done in executive session.

The CHAIRMAN: In order to give an opportunity to discuss the subject which Dr. Ashley has referred to and if there are no others who care to discuss the papers which have been already read, I will ask Dr. Ryon just to say a word in closing the discussion.

Dr. RYON: I want to express my appreciation of the interest taken in the paper presented. I rather sympathize with Dr. Howard however, that he has such an aristocratic clientele that he seems to be unable to increase the autopsy rate. Regarding Manhattan what struck me particularly is the marked discrepancy in the percentage of autopsies

while in the two years the same number of deaths occurred. It is of course true it is difficult to get autopsies in the metropolitan district on account of racial and religious beliefs.

Dr. Mabon mentioned the fact that one inspector was quite active in reducing restraint and finally when he became superintendent had quite a number of restraint cases in his hospital.

Dr. Hurd stated that some physicians seemed to require more restraint than others. I think that is the key note. I think when one physician seems to require a lot of restraint such a matter should be inquired into. I believe some is necessary in the surgical and medical services, but for treating the activities of the patients one ought to try every means possible by occupation and other methods before resorting to restraint. When it occurs in a hospital that one physician uses more restraint than the others, I think his methods should be inquired into.

Dr. WAGNER: The committee appointed to prepare resolutions on the death of Commissioner Friday is ready to submit its report. We move the adoption of the following resolution:

WHEREAS, The State Hospital Service of the State of New York has lost by death Mr. William H. Friday, one of its Commissioners, the remaining members of the Commission, the Managers and the Superintendents of the various hospitals hereby desire to record their sense of loss—official and personal. Mr. Friday was appointed a Commissioner April 24, 1915, and died November 4, 1915. During this time he was indefatigable in his devotion to the hospitals and unremitting in his intelligent study of their needs. We feel that the State and the hospital system have lost a vigorous, discriminating official,—and the officers of the hospital a friend who in his period of service had won not only the respect but the affection of those with whom he came in contact.

RESOLVED, That this expression of appreciation be made a part of the record of this conference and that a copy be sent to his family.

ARTHUR W. HURD,
WM. AUSTIN MACY,
CHARLES G. WAGNER,
Committee.

The resolutions as read were on motion duly seconded and unanimously adopted by rising vote.

The CHAIRMAN: Following out the suggestion of Dr. Ashley, if there is no objection we might change the program to the subject which he mentioned.

As there are no objections, I would ask Dr. Ashley to state the matter which will come under immediate discussion a little more fully.

Dr. ASHLEY: I presume all members of the conference are as familiar with the object of the meeting as I am.

We have all received copies of the proposed schedule of changes made by the Horton Committee, and have come prepared to express the sentiments of the service concerning them. It seems to me that we should organize and know something about what we are going to ask to have changed and express our approval or ask that the schedule be modified as seems necessary. It seems to me that we should now have an informal discussion—a very frank expression of views concerning the various points outlined by the committee and take such action as the conference deems wise and proper.

Dr. MAY: I might say that these sheets being passed to the members are summaries of the specifications forwarded the various hospitals by the Civil Service Committee and set forth in brief just exactly what the schedules will cover. One covers the officers and one the employees. I think it is certainly highly desirable that we should consider these matters with extreme care and when we are appearing before these committees to-morrow morning, we certainly ought to know just exactly what we want to say and where we object to their proposals, we should have some very definite reasons for it, and some definite substitutions to suggest.

The schedule covering the salaries of officers is comparatively short and it seems to me that in a matter of such great importance, we might take the items up individually and go over them in a very short time. I am inclined to think it is the consensus of opinion of the conference that no such revision is necessary.

Dr. PILGRIM: As the time will probably be limited, would it not be well to appoint a committee to receive the views of the different superintendents.

I move that a committee of three be appointed to receive them before the meeting with the Horton committee.

The motion was duly seconded and adopted by the conference.

Dr. SOMERS: I move that we go into executive session at this time to consider this matter.

The motion was duly seconded and adopted.

The CHAIRMAN: The conference will now go into executive session.

The schedules were considered in executive session.

The conference then adjourned.

LEWIS M. FARRINGTON,
Secretary of the Conference.

MINUTES OF QUARTERLY CONFERENCE

MARCH 15, 1916

Minutes of the conference of State hospital superintendents and representatives with the State Hospital Commission, held at the Capitol in Albany, March 15, 1916.

Present—

Commissioners MORGAN, MAY and HIGGINS.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent; C. A. MOSHER, Steward.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent; FRANK L. WARNE, Steward.

Hudson River State Hospital, CHARLES W. PILGRIM, M. D., Medical Superintendent; GEORGE R. FINTON, Steward.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent; HENRY J. LEONARD, Steward.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent; EDWARD S. GRANEY, Steward.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent; RAYMOND L. COOLEY, M. D., Medical Intern; LEWIS WEBB, Steward.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent; CALVIN L. WEST, Steward.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent.

Mohansic State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Kings Park State Hospital, WM. AUSTIN MACY, M. D., Medical Superintendent; CHARLES S. PITCHER, Steward.

Long Island State Hospital, ELBERT M. SOMERS, M. D., Medical Superintendent; JAMES A. COTTER, Steward.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent; GEORGE P. WATSON, Steward.

Central Islip State Hospital, M. B. HEYMAN, M. D., Assistant Superintendent.

Mattewan State Hospital, R. F. C. KIEB, M. D., Medical Superintendent.

Bloomington State Hospital, WILLIAM L. RUSSELL, M. D., Medical Superintendent.

Miss BERTHA A. PECK, Mr. WILLIAM T. MORRIS, Managers, Willard State Hospital.

Mr. ALLEN W. CORWIN, Manager, Middletown State Homeopathic Hospital.

Mr. PHILIP G. SCHAEFER, President Board of Managers, Buffalo State Hospital.

Mrs. ANNIE DEVEREUX MILLS, Manager, Binghamton State Hospital.

Mr. PETER W. NEEFUS, Manager, Gowanda State Homeopathic Hospital.

WILLIAM D. GRANGER, M. D., Manager, Mohansic State Hospital.

Very Rev. JOHN C. YORK, Secretary Board of Managers; Mr. ALBERT E. KLEINERT and Mr. MATTHEW J. TOBIN, Managers, Kings Park State Hospital.

Mrs. JULIA KEMP WEST, Secretary Board of Managers, and Mr. CHARLES V. FORNES, Manager, Manhattan State Hospital.

Dr. WALTER G. RYON, Medical Inspector.

JOHN L. VANDE MARK, M. D., Deputy Medical Examiner, Bureau of Deportation.

Mr. CHARLES B. DIX, Inspector of Buildings and Engineering.

Commissioner MORGAN, (in the Chair)

The CHAIRMAN: The conference will please come to order. The first number on to-day's program is a comparative study of the cost of maintenance of the inmates in other State hospitals by Mr. McGarr. (See page 186 of this issue.)

It is usual to have a discussion on papers. Is there any one here who would like to ask questions? If so, Mr. McGarr would be pleased to answer them. Or, if anyone has any views on the subject we should be glad to hear them.

If there is no discussion, we will proceed to an informal discussion on the maintenance cost in the different State hospitals.

(There followed a prolonged detailed discussion of maintenance costs in the several hospitals.)

Commissioner MAY: (in the Chair) The report of the committee on Rules and Regulations will now be received.

Dr. SOMERS: The Committee on Rules and Regulations met to-day to consider communications which had been referred to the committee from the Employees' Association, sent to the Commission and turned over to the committee, relative to the washing of uniforms of ward employees, and the committee adopted the following resolution:

"RESOLVED, That wherever ward employees, who live outside the hospital, are directed to wear washable uniforms, that the hospital shall launder them without expense to the ward employee."

Commissioner May: Was it the intention of the committee to limit that to those who are *required* to wear them? I understood Dr. Mabon to say where such uniforms were required by the hospitals they were to be laundered by the State without expense to employees.

Dr. SOMERS: I think that is the case where it is recommended by the superintendent of the hospital.

Dr. HUTCHINGS: Does that change existing regulations regarding employees living off the grounds and receiving commutation?

Dr. SOMERS: No; except with regard to washable uniforms. The change is made to meet the views of employees who live outside the hospitals and who work with filthy patients and are required to wear washable uniforms.

Commissioner MAY: That brings out the point; if the employees are required to wear such uniforms they should be laundered in the institutions, but it should be limited to uniforms which are required to be worn.

Dr. HUTCHINGS: I move the adoption of the resolution as read.

The motion was duly seconded and adopted by the conference.

Dr. HUTCHINGS: The Committee on Statistics has done some work since the last conference. The sub-committee, consisting of Dr. Hoch, Dr. Ryon and Dr. Pollock visited several hospitals with the idea of ascertaining the causes of certain discrepancies of diagnoses of cases submitted, and both Dr. Ryon and Dr. Pollock have a report to make on the work of that sub-committee, Dr. Ryon speaking of the medical aspects and Dr. Pollock on the statistical. They are both ready to report briefly.

Dr. RYON: It is not the intention of the committee at this time to give a very complete report of what has been done but a brief outline of the purposes of the visit. You will remember that at the last conference papers were presented by Dr. Pollock and myself regarding the discrepan-

cies in statistics relative to the diagnoses of first admissions and readmissions for the year, and it was noticed in several of the hospitals that these discrepancies were quite large. It is the purpose of the visit of the committee first to go over the statistical data in this regard for each hospital and try to find out the cause of the discrepancies, if any exist. So far, we have visited Binghamton, Willard and Rochester, spending a week in each hospital and it is the intention later, as soon as Dr. Hoch's work enables him to do so, to visit the other hospitals.

At Binghamton it was found that the percentage of dementia præcox had been rather large and that manic-depressive insanity was low and also there was an increase in the psychoneuroses. It is found this was due to a difference of view on the part of the staff.

As you know there is a committee of the American Medico-Psychological Association which is working toward establishing national statistics and Dr. Pollock informs me that the tentative form which they have made out so far, very closely resembles our present form in New York State, and for this reason we wish to come to some agreement throughout the whole service as to certain statistical points so that our statistics shall be uniform and so that, perhaps, we will be able to have the committee adopt our forms for national use.

Dr. Hoch has made a study of the Wassermann reactions which have been sent to the Institute from the various hospitals and he has found in some instances that in some of the hospitals about 25 per cent of first admissions have been studied as regards Wassermann reactions, both in blood and spinal fluid: while in others, less than 1 per cent have been so studied and sent to the Institute. Of course, some of the hospitals, such as Buffalo, do all their own reactions.

It was urged by Dr. Hoch that as it was so often necessary to exclude syphilis as an etiological factor, that very close attention should be paid to this study, and he feels it ought to be done on at least 20 per cent of the first admissions. It is not justifiable simply to do the Wassermann on the blood alone without examination of the spinal fluid with

regard to the central nervous system. The blood shows the patient has syphilis but unless we do the Wassermann on the spinal fluid, we do not know whether the patient has had syphilis of the central nervous system or not. This should be done on cases of suspected general paresis and cases in which any organic mental defect or reaction exists. Also, cases in which there is a slight involvement of the nervous system, a slight affection of the pupils, a difference in any other reflexes should be studied as regards this reaction.

It has also been noted that in some cases, even on a basis of syphilis, other psychoses are present, sometimes dementia præcox, paranoic conditions, etc., especially in connection with any defect of the nervous system. These cases should be examined for Wassermann, both blood and spinal fluid. And also, cases where the history points to iritis, abortions, etc., studies should be made. It is noticed also that there is some carelessness on the part of the medical staff regarding the taking of histories. Some seem to be satisfied to take as the history of the case, the one brought to the hospital, without any attempt to add to it when visits are made by the relatives. It often becomes very important in the history of the case to learn the history of the make-up, etc. In fact, one case of stupor in a hospital which we visited had no history whatever of make-up and it was therefore difficult for the doctor to determine whether such case was benign or malignant, although opportunities had existed by reason of visits of relatives to the patient since admission.

At the Institute it is the custom of Dr. Hoch, after a case has been studied, to put down on a card for this case, questions he wishes to ask the relatives who come to see the patient so that, the assistant, when the visitor arrives, can go to the card and find out what information is desired; that could be followed out in any hospital. Dr. Hoch also has gone over carefully the guide for the diagnosis of cases and has taken up with the staff any difficulties they have had regarding classification, and has made a note in each hospital of things that have come up and left a copy of the notes with the institutions. Many interesting questions

have come up, for instance, the classification of constitutional psychoses. If the case presented a constitutional make-up with manic-depressive or dementia præcox features some of the hospitals have classified these as constitutional inferiority with psychoses, where the picture has not been clear. Dr. Hoch is inclined to think that these cases, even when the make-up is constitutionally inferior, should be called either allied to, or grouped under the manic-depressive or dementia præcox groups in accordance with the predominating features of the case. This would leave to the constitutional psychoses only the irregular or atypical cases.

Another question that came up was the discharge of alcoholics, which had cleared up prior to admission; in some cases they were discharged as not insane; and in others as recovered; in the latter, the cases were considered from the beginning of the psychosis.

In addition Dr. Hoch has been interested in looking up cases of stupor, also cases of psychoses occurring in syphilitics other than cerebral syphilis and general paralysis. We have been very well received at the hospitals and we wish to impress the superintendents with the fact that the visit is not one of antagonism or criticism, and we trust it will be helpful to the staff and I feel that it will be.

Dr. MAY: This subject is one of great importance and of vital interest to all concerned. I am sorry to take it up when there are so few here. I do not think it is worth while to go into it further at the present time. We ought to take it up at the next conference and go into it at length.

Dr. RYON: We made notes of the matters discussed and it is the intention of the committee to work this out and bring it up before the whole conference and come to an agreement as to what to call dementia præcox, etc., so that all may agree on the classification.

Dr. HUTCHINGS: I think your suggestion is valuable. It seems to me this might very properly be the first order of business at another conference; the next one possibly, and the director of the Psychiatric Institute and the first

assistant physicians might very properly be present and take part in this discussion.

Dr. MAY: This is in brief an effort to give all members of hospital staffs the benefits of conferring with the director of the Institute. Heretofore, it has been a common occurrence for one member of the staff to attend a course of instruction, such course being held once or twice during a year. The men who attended these courses derive a great deal of benefit from them and the rest of the staff get practically nothing out of them. It occurred to us that we could accomplish a great deal more if instead of sending one man to the Institute, the director of the Institute should go to the hospitals and talk with the staff about the vital problems connected with their work. I think it is going to be a very important undertaking. Certainly if we do nothing else than decide what our conception of dementia præcox shall be, we will accomplish a great deal because we will bring about a uniformity in classification and some uniformity in the statistical reports, so that with practically the same problems to contend with in the different institutions, our statistical reports will not show relatively three or four times as many cases of certain psychoses in one hospital as in the others.

Mr. MOSHER: Dr. Mabon wanted me to report for the forms committee. There has been a meeting of the committee and we have met nearly all of the superintendents. We report progress in the work of the committee.

Dr. MAY: On account of the fact that so many of the representatives of the hospitals have been compelled to go home because of the severe storm, if there is no other business, I will now declare the conference adjourned.

LEWIS M. FARRINGTON,

Secretary of the Conference.

BILLS AFFECTING THE STATE HOSPITAL DEPARTMENT PASSED BY BOTH HOUSES OF THE LEGISLATURE AND SUBMITTED TO THE GOVERNOR FOR APPROVAL*

An act creating a commission consisting of three members, of whom one shall be appointed by the governor, one by the temporary president of the senate, and one by the speaker of the assembly. Such commission shall investigate what disposition should be made of the sites of the Mohansic State Hospital and the New York Training School for Boys, and shall select and acquire new sites for such institutions in the southern portion of the state within a reasonable distance of the city of New York. The cost of such sites is limited to \$100,000 each.

The State Hospital Commission upon receipt of notice that a site for a new hospital has been purchased pursuant to this act is authorized to enter into contract for the construction and equipment upon such site of a new hospital and the necessary buildings in connection therewith, including necessary heating, water supply, sewage disposal systems, at a total cost of not exceeding \$1,000,000. (Senate bill No. 1,671, introduced by Mr. Brown.)

An act amending the insanity law changing the name of the Long Island State Hospital to the Brooklyn State Hospital, and providing privileges for employees residing outside the State hospitals for the insane. (Senate bill No. 1,671, introduced by Mr. Spring.)

An act to amend the insanity law authorizing the State Hospital Commission to transfer old machinery, boilers or equipment from one State hospital to another, or to sell or dispose of the same or any metal or rags; the money received therefor to be paid into the state treasury. (Senate bill No. 1,499, introduced by Mr. G. L. Thompson.)

An act amending the insanity law providing for the employment of firemen, firing boilers on 8-hour shifts, at a maximum salary of \$60 per month. (Senate bill No. 1,835, introduced by Mr. G. L. Thompson.)

*Action by Governor pending April 25, 1916.

NEW LAWS AFFECTING THE STATE HOSPITAL DEPARTMENT

An act authorizing the State Hospital Commission to enter into contracts for the construction of additional accommodations for patients, including dining rooms and kitchen at Long Island State Hospital, in an amount not to exceed \$30,000, in addition to the amount of the contracts authorized by Chapter 727 of the laws of 1915. (Senate bill No. 1,555, introduced by Mr. Sage.)

An act changing the fiscal year of all offices, asylums, hospitals, charitable and reformatory institutions in this state so that such year shall begin July 1 instead of October 1, and abridging the current fiscal year so that it will end on June 30, next. The act amends the consolidated laws and other general acts to adapt them to such change. (Assembly bill No. 1,066, introduced by Mr. Adler.)

An act to amend the legislative law in relation to financial information for the use of the legislature and the preparation of the annual budget and appropriation bills.

This bill provides that the Governor shall annually send to the Senate and Assembly within a week after convening, a statement of the total amount of appropriations desired by each department, commission, board, bureau, office and institution, and may at the same time make suggestions for reductions or additions thereto, as he deems proper. He may also submit as a part of such statement an estimate of the probable revenues of the State for the coming year.

The measure further provides that the finance and ways and means committees are continued during the recess for the purpose of gathering information regarding the financial needs of the various institutions and departments.

The measure makes provision for an annual budget expressing the needs of the various departments, and a detailed statement of the probable revenues. It also provides that an appropriation bill shall accompany the budget. (Senate bill No. 896, introduced by Mr. Sage.)

STATEMENT IN REGARD TO THE USE OF ELECTRIC LANTERNS

BY DR. MAURICE C. ASHLEY,
Superintendent of the Middletown State Hospital

On August 18, 1915, we replaced our ordinary oil lanterns, used by our night attendants on the wards, by electric lanterns.

We purchased 24 "Hipco" lanterns at a cost of \$1.25 each. We have had these lanterns in use for six months. The style of lantern selected was one which would take an ordinary dry battery which is standard, such as Columbia No. 6, and which is used for other purposes about the institution. This lantern has a bail handle like an ordinary lantern, and a switch convenient to the finger or thumb, so that the light may be easily turned off when not required. These lanterns are used by night attendants when going through the wards on their regular rounds. They do not need the light from the lantern when passing through the wards or from ward to ward, and they are instructed to switch off the light at such times and use it only when really necessary in going into the rooms or looking into the rooms. We cannot tell whether or not they always handle the lanterns in this way. Of course, the life of the battery depends to a considerable extent on shutting off the light when not needed.

Of the 24 lanterns which we purchased, 14 of them have been used regularly for about six months. The others have been retained for occasional use while the former were being supplied with new batteries. The expense of these 14 lanterns has been for new batteries and new bulbs, and the average has been eight batteries for each lantern at a cost of \$.24 each, and two bulbs each at a cost of \$.17. This makes the cost of the use of each lantern \$2.09 for six months. The batteries which are taken out of these lamps as partly exhausted are used afterward as wet batteries in operating telephones, etc., thus diminishing the actual cost of keeping up the lanterns.

The electric lantern has advantages over the ordinary oil lantern for the use to which we put it:

1. It eliminates the fire risk from the use of oil lanterns on our wards.

2. It is much more cleanly and more easily handled than any other style of lantern, no oil to bother with, no wicks to furnish and trim, and no globes to replace and clean.

These advantages, we think, are sufficient to warrant the extra expense over oil lanterns.

The oil which we previously used was what is known as mineral seal oil, and it cost about \$.50 per lantern for six months. The breakage of globes and the cost of the wicks would add slightly to this expense.

HOW THE UNITED STATES CROWDS NEW YORK'S INSANE ASYLUMS

One out of every four patients in the State hospitals for the insane is an alien, permitted to land in this country by the United States Government. The taxpayers of New York support them. They contribute to the congestion of the hospitals which renders impossible the service the managers desire to install. And the United States, in spite of the justice of this State's plea for relief, neglects to make provision for those mentally deficient it introduces into the country, or even to reimburse New York for the expenditure the State makes in their support.

The Federal Government should, of course, care for the maniacs it lets loose; but it will not. It prefers to turn them out of Ellis Island and put the burden of maintaining them on the States. The fact that deportation is at present difficult, and in many cases impossible, has no bearing on the case. The abuse was notorious before the circumstances now existing became effective. The United States has systematically shirked its duty and imposed on the States, particularly on New York, an expense of self-protection they never should be called on to bear.

If the Federal Government can not keep lunatic aliens out of the United States, it should provide for their detention and treatment; and if it is indisposed or unable to do this, the least it can do is to pay New York what they cost every year. — Editorial, *New York Sun*, March 7, 1916.

SUMMARY OF NEWS OF THE STATE HOSPITALS FOR THE QUARTER ENDING MARCH 31, 1916

NEW HOSPITAL FEATURES: CONSTRUCTION, CHANGES IN CAPACITY, ADMINISTRATION, OCCUPATION, AMUSEMENT, ETC.

UTICA

During the quarter, Dr. Hersey G. Locke, Professor of Psychiatry in Syracuse University, has held several clinics at the hospital for the benefit of the senior class.

The hospital also gave a clinic and demonstration of the application of hydriatic procedure in the treatment of insanity to a number of nurses of the Hospital of the Good Shepherd, Syracuse, at the request of Dr. R. Leighton Leak, visiting neurologist.

A new Babcock printing press, No. 43 Optimus, of the latest design, operated by motor and capable of rapid production of all kinds of printing, including book work, has been installed in the printing office. This press was made necessary because of the increased amount of printing.

WILLARD

Dr. August Hoch, director of the Psychiatric Institute, and H. M. Pollock, Ph. D., statistician for the State Hospital Commission, were at the hospital from February 27 to March 5. Dr. Walter G. Ryon, medical inspector, was at the hospital from March 2 to March 5. Meetings were held twice daily, at which Dr. Hoch discussed various subjects of psychiatric interest, as well as some cases in which the diagnosis was not clear. He also gave some time to a consideration of the new classification, endeavoring to make clear points upon which there seemed to be a diversity of opinion. Dr. Pollock took up in detail the matter of statistical cards and their preparation.

HUDSON RIVER

The repairs to cottages 3 and 6 have been completed and result in a greatly improved appearance of the buildings.

MIDDLETOWN

The installation of the equipment in the new power house is in progress and the boiler construction is now well advanced.

BUFFALO

Funds having been provided by the State Hospital Commission, the hospital was able to appoint, as an after-care and social worker, Mrs. Anna Loughlin, for many years a nurse in this institution and

latterly in charge of the acute reception ward of the women's division. The work, which has heretofore been done by different employees, fragmentarily and without continuity, is now in the hands of Mrs. Loughlin, who can give her entire time to it and already the results are most gratifying.

There have been no new buildings constructed at the hospital or completed since last report. Since the publication of the last summary, there has been completed a new trunk line sewer at a cost of \$8,000. By the use of a mechanical excavator, the work was accomplished in a very short period of time.

Since last report, Rees Street, which borders the westerly part of the hospital for its entire distance, has been paved. It was formerly a rough, impassable street, except in dry weather, unsightly in appearance and unsanitary in character.

BINGHAMTON

The new construction at this hospital during the quarter ending April 1, 1916, was chiefly in relation to the new building for the accommodation of 300 women patients, which is now approaching completion. This building is practically of fireproof construction throughout, except as regards the roof, which is of slate laid on timber supports; the floors of this building are all concrete covered with battleship linoleum; it is abundantly lighted and when occupied will comfortably house the patients for whom it was designed. The furniture, however, has not yet been provided, as the purchase must be deferred until an appropriation shall be made by the Legislature covering furnishings and equipment. At our power plant a new 500 h. p. boiler was connected with a new stack and put in operation in January. This addition to our boiler equipment has proved a valuable addition to the plant. Further enlargement of the power plant is contemplated and to that end proposals were received on March 15 by the State Hospital Commission for another 500 h. p. boiler and further equipment which will cost approximately \$30,000. When these improvements are completed it is expected the boiler plant will be much more economical and efficient in operation. Repairs have been made in the assembly hall to strengthen the rear wall, which owing to some settling of the foundation, had long been considered unsafe. This wall is now securely tied to the rest of the building by heavy rods extending through the structure and drawn tight with turn-buckles. General use of this building will be resumed in the near future.

ROCHESTER

The garden cottage is being remodeled.

A room in the administration building has been set apart for the exhibition and sale of articles made by the dementia praecox school, the proceeds being used for the purchase of new material.

GOWANDA

One of the dairy barns has been equipped with James Way stalls and individual water buckets.

Sixty-five feet of the smoke stack at the power house has been replaced with a new stack.

From 44 per cent to 47 per cent of the patients are employed in useful occupation.

The industrial class for the re-education of dementia præcox cases, has an average attendance of thirty.

KINGS PARK

Since the last report of January 16, 1916, one of the new wells mentioned in this report has been completed, and the second well is now being drilled.

The construction of the new additions to group II and III, for which there was a total appropriation made of \$90,000.00 has been delayed on account of stormy weather. The contractor now is, however, making quite rapid progress and we hope to have the building ready for occupancy by October 1, 1916.

Bids were received for the construction of the new employees' home, for which an appropriation was made by the Legislature of 1915, of \$100,000.00. The lowest bid received amounted to nearly \$128,000.00. The bids were, therefore, all rejected and an extra appropriation asked of the Legislature for \$30,000.00, which, is included in the appropriation bill for 1916.

The clinic recently inaugurated at the Williamsburg Hospital, in Brooklyn, New York, for the purpose of giving advice and treatment for the various mental affections, especially along prophylactic lines, continues under operation in a satisfactory manner. The superintendent or one of his assistants is in charge. The management of the Williamsburg Hospital has co-operated in every possible way in the matter. Paroled patients, who live in Kings County, are now given parole cards, with instructions to report at the clinic or if more convenient, at the New York City office once a month or oftener if it seems necessary. The visits of paroled patients to the clinic, with the full consent of the Williamsburg Hospital, and also their condition is being made a matter of record on our card index system, and practical follow up procedures are being carried out so that paroled patients will not be lost sight of. Many cases are examined here which have been referred by the physicians in Brooklyn and elsewhere, and also those who had learned of the clinic through the newspapers and other channels. At first the attendance was very large, but at present it has settled down to an average of about fifteen patients each Saturday. We expect that as soon as the number of paroled patients increases the number of callers will grow much larger.

A movement in which Dr. Elbert M. Somers, superintendent of the Long Island State Hospital, Flatbush, Brooklyn, superintendent Macy

and the representatives of the Committee for Mental Hygiene, of the State Charities Aid Association, in New York, are co-operating in under way in Brooklyn, for the establishment of a branch Committee for Mental Hygiene for the Borough of Brooklyn.

MANHATTAN

There are no new hospital features to report. The progress in the work on the new buildings has been very slow owing to the inclement weather and other than this no special work is going on.

NOTEWORTHY OCCURRENCES

UTICA

On February 28, while attempting to thaw a frozen pipe leading to the water tower, fire was communicated to the interior of the boxing which ran from the ground to the bottom of the tank to prevent the pipes from freezing. The fire necessitated the calling out of the city fire department which, after a stubborn fight which lasted for several hours, succeeded in extinguishing the flames. This fire apparently did serious damage to one of the pipes which was found broken off at a point about twenty feet from the ground, the upper portion resting on the lower portion to a slight extent only.

On March 29, in the evening, this pipe was evidently dislodged which allowed the heavy boxing to fall to one side, rending and breaking the iron tower and resulting in a complete collapse of the structure. In falling, the tank, which had fortunately been emptied, struck the walls of a ward building and caused considerable damage but no one was injured.

MIDDLETOWN

On January 10, a male patient, already several months at the hospital, was found to have clinical and bacteriological signs of diphtheria. He was isolated, antitoxin was promptly furnished by the State Department of Health, and the patients and employees, to the number of 140, who had been in contact with the disease, were given immunizing doses of antitoxin. About 110 cultures were also taken in search of a possible diphtheria carrier, but none was found. There was no spread of the disease from the original case.

A pleasant feature of the hospital life was the annual banquet held by the Employees' Club at the nurses' home on February 29, at which there were present 250 employees, two members of the Board of Managers, and the officers of the institution. This banquet was given by the club at its own expense.

ST. LAWRENCE

The dispensary established at Malone, N. Y., in December, 1915, has been continued and on January 20, 1916, a dispensary was opened

at Watertown. Judging from the number of patients who have applied at these clinics (124) the need of this work seems clearly demonstrated. A social service nurse, Miss Zaidee B. Maxiner, has been employed and is at work.

ROCHESTER

On January 12, a small fire occurred in the drying room of the laundry which was extinguished with only the loss of some underclothing.

GOWANDA

On March 30, 1916, Dr. Charles B. Davenport, visited the institution and during the afternoon gave an interesting talk on eugenics and field work in connection with State hospitals to the staff and physicians from near-by towns.

KINGS PARK

Five escapes of patients are recorded as having occurred during the quarter. Of these 3 were returned prior to the expiration of thirty days; 1 was discharged to the custody of himself, not having been heard from again; 1, a deportable alien, had his parole extended to six months.

On March 21, 1916, at 4.45 A. M., A. S., identification number 89092, admitted on March 7, 1916, in a state of excitement, while in the water section, suddenly jumped up from the toilet, broke a pane of glass, and cut his throat. He died five hours later. An autopsy performed by the coroner showed, in addition to laceration of the throat a pachymeningitis hemorrhagica interna of at least a duration of a week or over.

MANHATTAN

Twelve cases of fracture of the bones occurred during this quarter, and a few patients received scalp wounds and lacerations from other patients.

One patient attempted to escape from the exercise grounds, but was caught by the attendant on the dock of the island and returned to the ward.

INDIVIDUAL ITEMS

WILLARD

Dr. Ralph J. Howe died March 22, after an illness of two days. He was about to be appointed medical interne, but his illness rendered it impossible for him to assume his duties.

MIDDLETOWN

In March, 1916, Mr. Frank Durland of Chester was appointed a member of the Board of Managers.

On April 1, Dr. Julia F. Fish was granted a leave of absence for six months because of reduced health.

On March 1, Miss Mildred T. Hurley was appointed social service worker, or after-care agent, at this hospital. Miss Hurley is a graduate of the Boston School for Social Workers, and had had practical experience in a State hospital under an experienced worker.

BINGHAMTON

In February, 1916, Governor Whitman re-appointed Mr. Merritt J. Corbett as a member of the Board of Managers of the Binghamton State Hospital, his previous term having expired December 31, 1915. Mr. Corbett has been a member of the Board of Managers for the past eight years, during the last two of which he has been its president.

ST. LAWRENCE

Mr. H. Putnam Allen, of Fulton, N. Y., was appointed a member of the Board of Managers on March 2, to succeed Dr. R. L. Leak, resigned.

Dr. John J. Robinson, of Plattsburg, was re-appointed on the Board of Managers, March 20, 1916.

KINGS PARK

On February 10, 1916, Governor Whitman re-appointed Rev. John C. York as a manager of the Kings Park State Hospital for a term to expire on the 31st day of December, 1922.

On February 26, 1916, Mr. Alexander McKinny, resigned as member of the Board of Managers of the Kings Park State Hospital and on March 24, 1916, Dr. John P. Heyen, of Northport, Long Island, was appointed to the position.

MANHATTAN

Dr. George H. Kirby is on a six months' leave of absence doing special psychiatric work in California and adjacent states.

Dr. Gustav Scholer has been appointed manager to succeed Dr. Whitman V. White.

NOTES OF IMPORTANCE ON HABEAS CORPUS CASES

WILLARD

On February 10, 1916, J. P. was given a hearing on a writ of habeas corpus, granted by the Hon. Charles A. Pooley, Justice of the Supreme Court, who directed that the patient appear before the Hon. George F. Bodine, Judge of the County Court of Seneca County. Judge Bodine held an informal meeting at Waterloo. After taking testimony he appointed Drs. John W. Russell of Waterloo, N. Y. and James Carman of Lodi, N. Y., to examine the patient and report to him. After reading the report of this commission, the patient was remanded by the Judge to the custody of the hospital. On March 27,

1916, J. P. was given another hearing on habeas corpus proceedings, before the Hon. George McCann, Justice of the Supreme Court, sitting at Ithaca, N. Y., and was again remanded to the custody of the hospital. Seven writs of habeas corpus in all have been issued to this patient since his commitment in 1896.

On March 1, 1916, C. J. S. obtained a writ of habeas corpus from Hon. George McCann, Justice of the Supreme Court, sitting at Ithaca, N. Y. The judge had formerly designated that the hearing be held at Watkins on March 11, 1916, but Mr. S. protested that he desired the hearing to be held at Ithaca. At the hearing on March 1, no witnesses were sworn, S. demanding a jury trial to test the legality of his commitment. The judge acquiesced in this and adjourned the proceedings to March 27. Judge McCann subsequently wrote to S. informing him that he had decided not to grant him a jury trial; that it was his intention to appoint two disinterested physicians to examine him. Upon receipt of this, S. informed the judge that he would not submit to an examination, and that he did not care to appear unless granted a jury trial. Judge McCann accordingly remanded him to the hospital without further proceedings.

KINGS PARK

Writs of habeas corpus were issued by various courts with respect to the following patients:

L. M. H. Identification number 86156, admitted October 5, 1915, diagnosis—allied to manic-depressive insanity, was served with a writ of habeas corpus at the instance of his father (his wife opposing his release) and had a hearing on January 7, 1916, at Mineola, Long Island, before the Hon. Charles H. Kelby, Justice of the Supreme Court of Nassau County. He was discharged by the court on a bond with no opposition on the part of the hospital authorities.

M. L. Identification number 87336, admitted on December 29, 1915, diagnosis—allied to manic-depressive insanity, upon summons of the patient's attorney, was brought before the Hon. Samuel T. Maddox, Justice of the Supreme Court of Kings County, under date of January 3, 1916, who denied motion for discharge and suggested that the relatives take up the matter of his release with the hospital later. The patient improving was later paroled for six months.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

Allen, Dr. Edwin, appointed clinical assistant in Manhattan State Hospital, April 1, 1916.

Blankinship, Dr. Roy C., clinical assistant in Manhattan State Hospital, resigned January 11, 1916.

Dykman, Dr. Augustus B., appointed medical interne in Hudson River State Hospital, January 1, 1916.

- Edmunds, Dr. Meade C., medical interne in Manhattan State Hospital, promoted to assistant physician, March 16, 1916.
- Fitzgerald, Dr. James J., appointed medical interne in Manhattan State Hospital, March 27, 1916.
- Hughes, Dr. John J., appointed medical interne in Manhattan State Hospital, January 3, 1916.
- Kennedy, Dr. Daniel L., special attendant medical in Rochester State Hospital, resigned February 1, 1916.
- Kolb, Dr. Lawrence, assistant physician in clinical psychiatry, in Psychiatric Institute, finished his detail from Public Health Service, January 1, 1916.
- Mason, Dr. William H., appointed medical interne in Manhattan State Hospital, January 1, 1916.
- Myers, Dr. Glenn E., assistant physician in Psychiatric Institute, granted leave of absence for six months, beginning January 15, 1916.
- Schmitz, Dr. Walter A., medical interne in Middletown State Hospital, promoted to assistant physician, April 1, 1916.
- Sharkey, Dr. Miles B., appointed medical interne in Utica State Hospital, January 11, 1916.
- Vavasour, Dr. James F., medical interne in Manhattan State Hospital, promoted to assistant physician, March 16, 1916.
- Vetter, Dr. George V., appointed medical interne in Rochester State Hospital, February 10, 1916.
- Wagenhals, Dr. Franklyn C., appointed medical interne in Manhattan State Hospital, January 1, 1916.
- Weldon, Dr. Lon O., detailed from U. S. Public Health Service as assistant physician in clinical psychiatry in Psychiatric Institute, January 1, 1916.

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HELENE KUHLMANN, M. D., woman physician.

"Sterilization in the Insane." Read before the Physicians' League of Buffalo on April 3, 1916.

ST. LAWRENCE

RICHARD H. HUTCHINGS, M. D., superintendent.

"The State Hospital as a Factor in Social Service." Public lecture in Malone, January 25, 1916.

PAUL G. TADDIKEN, M. D., first assistant physician.

"The Value of Mental Clinics." Address before the Watertown Medical Society, January 19, 1916.

"The Prevention of Insanity." Public lecture, city of Watertown, January 20, 1916.

"The Causes of Feeble-Mindedness." Read before the Ogdensburg Medical Society, February 1, 1916.

A. G. LANE, M. D., senior assistant physician.

"The Mendelian Theory." Read before the Ogdensburg Medical Society, January 4, 1916.

AARON T. COLNON, M. D., assistant physician.

"The Binet-Simon Test." Read before the Ogdensburg Medical Society, February 15, 1916.

HYMAN L. LEVIN, M. D., assistant physician.

"The Biologic Conception of Insanity." Read before the Ogdensburg Medical Society, January 18, 1916.

HARRY J. WORTHY, M. D., assistant physician.

"Mental Hygiene." Public lecture in conjunction with the Children's Welfare Movement, at Philadelphia, N. Y., February 11, 1916.

"Influenza." Read before the Ogdensburg Medical Society, March 21, 1916.

MOHANSIC

ISHAM G. HARRIS, M. D., superintendent.

"Care and Treatment of the Insane." Address delivered at Yonkers, February 25, 1916.

MANHATTAN

WILLIAM MABON, M. D., superintendent.

"Standards Set by a Great State in the Care of the Insane." A popular lecture delivered at the West Side Young Men's Christian Association, March 19, 1916.

ERNEST M. POATE, M. D., senior assistant physician.

"Psycho-motor Excitements in Dementia Præcox." Read before the Inter-Hospital Meeting held at Ward's Island, January 13, 1916.

RALPH P. FOLSOM, M. D., senior assistant physician.

"Outcome of Male Manic-depressive Cases Admitted to Manhattan State Hospital 1908-12, with Special Reference to Cases Showing Deterioration." Read before the Inter-Hospital Meeting held at Ward's Island, January 13, 1916.

PSYCHIATRIC INSTITUTE

AUGUST HOCH, M. D., director.

"On Benign Stupors." Presented at the Inter-Hospital Meeting, Manhattan State Hospital, January 12, 1916.

CHARLES B. DUNLAP, M. D., chief associate in neuropathology.

"Some Observations on the Pathology of Huntington's Chorea." Read with lantern illustrations at the Inter-Hospital Meeting at Manhattan State Hospital, January 12, 1916.

"Some Observations on the Pathology of Huntington's Chorea, Especially in Relation to Wilson's Disease." Read with lantern illustrations and chart at the Neurological Section of the New York Academy of Medicine, March 14, 1916.

JOHN T. MACCURDY, M. D., assistant in psychiatry.

"A Clinical Study of Epileptic Deterioration." Read at the Inter-Hospital Meeting at Manhattan State Hospital, January 12, 1916. Published in the PSYCHIATRIC BULLETIN, Vol. IX, April, 1916.

CLARENCE O. CHENEY, M. D., assistant physician for autopsies.

"Character and Distribution of Lesions in a Particular Form of Arteriosclerotic Dementia." Read at the Inter-Hospital Meeting at Manhattan State Hospital, January 12, 1916.

"Streptococcus Meningitis." Read before the Ward's Island Psychiatric Society, March 20, 1916.

STERNE MORSE, M. D., assistant in serology.

"Dry Permanent Standards in the Wassermann Reaction and a Technic Based on their Use." Published in the PSYCHIATRIC BULLETIN, Vol. IX, January, 1916.

GENERAL STATISTICAL INFORMATION RELATING TO THE INSANE AND THE MANAGEMENT OF THE STATE HOSPITALS

CENSUS OF APRIL 1, 1916

1. Patient population:

State hospitals, including paroles.....	34,838
State hospitals, excluding paroles.....	33,584
Institutions for criminal insane.....	1,401
Private licensed institutions.....	972
Total, including paroles.....	37,211
Average daily population of State hospitals since October 1, 1915	34,482
Average daily number on parole during quarter.....	1,324
Patients on parole at end of quarter....	1,254

2. Capacity and overcrowding:

Capacity	27,818
Overcrowding:	
Number	7,020
Per cent.....	25.2

3. Medical service:

Superintendents	14
Assistant superintendent	1
First assistant physicians.....	15
Senior assistant physicians.....	50
Assistant physicians.....	63
Women physicians.....	18
Medical internes.....	20
Total.....	181

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 192
Excluding superintendents.....	1 to 208
Excluding superintendents and internes	1 to 236

4. Employees:

Average number of employees in March, 1916....	6,182
Ratio of employees to patients.....	4.63

5. Aliens and non-residents:

Aliens deported during quarter ending	
March 31, 1916	61
Non-residents removed during quarter .	78

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING MARCH 31, 1916

	Jan- uary	Feb- ruary	March	Total
Aliens deported to other countries:				
Expense of friends.....	3	3	7	13
U. S. Immigration Service.....	6	4	17	27
Expense of State.....	3	11	7	21
Total.....	12	18	31	61
Non-residents returned to other States:				
Expense of State.....	9	9	19	37
Expense of friends.....	13	15	13	41
Total.....	22	24	32	78
Total aliens deported and non-residents re- turned	34	42	63	139

**MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE QUARTER ENDING MARCH 31, 1916, AS REPORTED
BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING**

HOSPITAL	ADMISSIONS				DISCHARGES							Census Mar. 31, 1916	Certified Capacity	Number	Per cent
	First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged			
Census Dec. 31, 1915															
Utica.....	99	19	2	120	26	5	20	5	1	67		124	1,382	299	21.6
Willard.....	56	23	1	80	23	2	7	6	1	56		96	2,015	427	21.2
Hudson River.....	90	20	6	116	23	33	12	11	4	121	1	206	2,700	609	21.8
Middletown.....	40	10	4	54	12	4	3	4	1	34	3	61	1,985	189	9.5
Buffalo.....	2,181	27	2	106	11	8	13	2	1	57		92	2,194	490	28.8
Binghamton.....	46	19	3	68	13	6	9	4	6	38		78	2,110	352	16.7
St. Lawrence.....	2,472	66	5	87	13	6	11	5	5	38		85	2,229	453	25.5
Rochester.....	1,602	71	18	89	16	11	11	4	3	33	1	76	1,615	317	24.4
Gowanda.....	1,242	47	.....	66	7	3	8	4	.....	23		43	1,265	267	26.8
Mohantic.....	.....	19	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Kings Park.....	239	71	17	327	53	37	27	18	2	113	15	265	4,571	1,174	34.6
Long Island.....	808	13	14	139	20	6	5	5	1	62	10	109	838	201	31.6
Manhattan.....	4,821	102	27	537	47	31	38	30	8	147	30	331	5,027	1,328	35.9
Central Islip.....	283	61	20	364	63	41	48	20	1	150	18	341	4,931	914	22.8
Total.....	1,633	419	101	2,153	327	193	207	118	34	939	90	1,908	27,818	7,020	25.2

THE UNITED STATES OF AMERICA
PANAMA-PACIFIC INTERNATIONAL EXPOSITION
 SAN FRANCISCO, MCMXXV.



EDUCATION

AGRICULTURE

MINING

ARTS & SCIENCES

MANUFACTURES

TRANSPORTATION

CELEBRATING THE OPENING OF THE PANAMA CANAL
 THE INTERNATIONAL JURY OF AWARDS HAS CONFERRED A

GRAND PRIZE

UPON

THE STATE HOSPITAL COMMISSION

Albany, New York

for its Exhibit Showing Advances in the Care and
 Treatment of the Insane in the Past Ten Years

John K. Kelly
 President of the International Jury

John C. Banta
 Secretary of the International Jury

Alvin E. Phipps
 Secretary of the International Jury

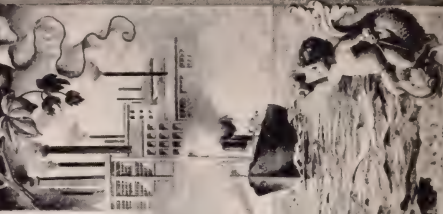
Charles H. Johnson
 President of the International Jury

Robert H. Murray
 Secretary of the International Jury

Arthur H. Hays
 Secretary of the International Jury



PANAMA 1915



VOL. I

AUGUST, 1916

No. 4

THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

ANDREW D. MORGAN, }
FREDERICK A. HIGGINS, } Commissioners

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REPORT OF THE PROCEEDINGS OF THE SEVENTY-
SECOND ANNUAL MEETING OF THE
AMERICAN MEDICO-PSYCHOLOGICAL
ASSOCIATION, HELD AT NEW
ORLEANS, APRIL 4-7, 1916*

BY DR. CHARLES G. WAGNER,
Representing the State Hospital Department at the Meeting.

Ladies and Gentlemen: The seventy-second annual meeting of the American Medico-Psychological Association was held at the Grunewald Hotel, New Orleans, April 4-7, 1916. In view of the fact that the City of New Orleans is practically on the shore of the Gulf of Mexico and that northern and eastern members were obliged to make a long journey to attend the meeting, it was feared that the attendance would be much smaller than usual, but this was not noticeably the case. While the number present was not as large as at some of the northern and eastern meetings, the registration was 170, and the large room set apart for the daily sessions was regularly well filled and the interest in the long program was well sustained throughout the meeting. There were also present many delegates to the National Mental Hygiene meeting held at the Grunewald, April 3rd. It was a somewhat notable fact that Canada, notwithstanding the stress of the great war, was well represented, five superintendents being present; from the New England States eleven were registered, and besides these members of the Association, there were a number of visitors, guests of the Association representing boards of managers of institutions for the mentally defective; New York State did not send as large a representation as has been customary in years past; Dr. Kieb of Matteawan, and the writer of this report were the only superintendents of State institutions present, but Dr. Salmon of the National Committee for Mental Hygiene, Dr. Russell of Bloomingdale Hospital, Dr. Dold of Rivercrest Sanatorium, Dr. Osnato of the Bureau of Deportation, and Dr. J. Burton Allen of Central Islip, completed the list.

* Read at Quarterly Conference, May 2, 1916.

New Orleans proved to be an exceedingly attractive city for the meeting; the weather was ideal, and those who were fortunate enough to attend found many things of interest to occupy their leisure time. The city government, we were informed, has spent thirty-five millions in the past few years on a sewerage system and general sanitation, with the result that New Orleans is now one of the healthiest cities in the world, and that her water supply from the Mississippi River, after thorough filtration, is unexcelled. The local committee of arrangements did everything possible to entertain our members and our guests, most of whom convinced themselves by practical tests that the restaurants and cafes of the city were fully up to their great reputation for fine cooking and delicious food service. A boat ride on the river, an automobile trip about the city and a reception at the Grunewald, were features of the entertainment provided.

The meeting was opened at the appointed hour—10 A. M.—Tuesday, April 4, with the president, Dr. Edward N. Brush, in the chair. After the invocation by Rev. Max Heller, D. D., in the absence of Governor Luther R. Hall, the mayor of the city, Hon. Martin Behrman, welcomed the Association to New Orleans in an interesting and cordial address. The address of the president was then delivered, and the meeting was declared open for the regular proceedings.

The program consisted of many papers on a great variety of topics, but as you have all had copies of this program, and the papers will be printed in full in the *Journal of Insanity* and in the *Transactions*, it is scarcely necessary for me to offer details concerning them at this time. There was, however, a considerable amount of business transacted in the course of the four days' meeting, which may be properly considered germane to this report. Before taking up these matters, however, I desire to refer briefly to the annual address by Professor Pierce Butler, dean of the graduate department, Tulane University, New Orleans, which dealt at considerable length with Shakespearean characters portraying insanity under the title "Mad Folk of Shakespeare." Professor Butler's address was exceedingly interesting and

held the close attention of his audience for more than an hour. At its conclusion he was tendered a most cordial vote of thanks. Mention should here be made also of the exhibit prepared by the Committee on Diversional Occupation, which consisted of articles of useful or artistic character along the general lines of previous exhibits, but larger in quantity and of greater variety than at any previous meeting. The Grunewald Hotel allowed the use of a large ballroom occupying the greater part of the twelfth floor of the building, for the exhibit, and besides our members and their friends, many guests of the hotel visited the display and manifested great interest in it. I am sorry I have not data in hand to report the award of certificates for the best exhibits, but I may state that the New York State exhibit received first prize for general excellence.

It will doubtless be of interest to all who are here at this meeting to know that the paper by Dr. Sidney D. Wilgus, of Rockford, Ill., and formerly a physician in our State hospital service, on the subject "The Central Supervisory Body," called forth spirited discussion. The faults of boards of administration were strongly accentuated and the dangers of permitting the economical administration to become paramount and the medical administration to be relegated to the rear, were set forth in considerable detail. In this discussion emphasis was placed on the fact that the system of supervision in New York and Massachusetts was preeminently the best in the United States, and the success attained in these states was held to be owing chiefly to the fact that the medical member of the supervisory body, by statutory provision, had been its chairman. The change which has just been announced in our State Hospital Commission through which the medical member becomes chairman, would appear to be in line with the opinions expressed by this great body of experts.

Among the subjects of interest discussed at this meeting, apart from the printed program, may be mentioned the appointment of a standing committee of three on pathological investigation, including the nature, causes and results of mental disease and mental defect and deficiency.

Dr. Southard of Boston, offered a resolution which was adopted, to the effect that a committee on this general subject should be appointed, and it was suggested that Dr. Southard, Dr. Meyer, Dr. Hoch and perhaps Dr. Orton, would constitute the strongest membership available for such a committee. The opinion was expressed that this committee could do a great service on behalf of science and to the Association by rendering a report each year touching upon the scientific work accomplished during the preceding twelve months, registering advances in the establishment of laboratories, the appointment of pathologists, and preparing a list of the more important researches by title as recorded in the literature of psychiatry.

Dr. Southard also suggested that it might be well for the Psychopathic Hospital in Boston, or the State Board of Insanity, to undertake to arrange a scientific exhibit for the next meeting. He spoke of planning such an exhibit in the near future, and expressed a desire to interest Dr. Hoch, Dr. Orton and Dr. Meyer in its preparation. I presume he would include Dr. Barrett of Ann Arbor, Dr. Singer of Kankakee, and some other members of the Association who might be deeply interested in the subject.

A letter from Dr. May received while the meeting was in progress, strongly favored some action on the part of the Association looking toward the adoption of the New York State classification of insanity by institutions throughout the country, with a view to having all the States report their statistics on the insane to the American Medico-Psychological Association annually in terms of the New York State classification. Dr. May further suggested the establishment of a statistical bureau to handle this work, and the appointment of some such person as Dr. Pollock, with suitable financial arrangement for his remuneration. This subject was discussed by the writer with Dr. Salmon, who I believe is the chairman of a committee on uniform reports and statistics, but after some consideration Dr. Salmon expressed the opinion that inasmuch as he was not prepared at the moment to offer a definite report for his committee, it would be better to defer action until the next meeting of the Asso-

ciation, and that in the meantime a statistical bureau might be established by the National Committee for Mental Hygiene, which committee possessed funds to carry on this work and is at the present moment about to engage a particularly competent statistician.

The subject of a committee on publicity, to consist of three members of the Association to be appointed to act with the secretary at the next meeting, to give to the newspapers such material and in such style and manner as may be acceptable to the Association, was brought up by Dr. Burr of Michigan. This resolution was unanimously adopted and the incoming president was instructed to appoint such a committee in due course.

Dr. Samuel E. Smith of Indiana, recently president of the Association, called the attention of the members to the "propositions" adopted by the Association at various times from 1844 to 1875, and which were reviewed and modified at the meeting at Fortress Monroe, Va., in 1888, and offered a resolution which was adopted, to the effect that a committee of seven be appointed by the president to consider the subject of the revision of these propositions and additions thereto as may seem advisable in the light of present knowledge of the treatment and care of mental diseases, which committee shall submit a report at the next annual meeting. This committee is charged with the duty of sending out the new propositions to our members before the next meeting in order that their recommendations may have proper consideration before the meeting assembles.

I would recall to your minds that the propositions of the Association as collected and published in 1876 by a committee appointed for that purpose, embraces a variety of subjects pertaining to the care and treatment of the insane. Of these the most important were held to be public provision, hospital construction, hospital organization, management and treatment and legal relations of the insane, including inebriates. Nearly all of these propositions as adopted were formulated by, and reflected the personality of two of the original thirteen members of the Association: Dr. Thomas S. Kirkbride and Dr. Isaac Ray. The full

report and discussion of them may be found in Volume XLV of the *American Journal of Insanity*, in which the proceedings of the Fortress Monroe meeting of 1888, were published.

A resolution was also adopted providing for memorializing the president of the United States, and the chairman of the Committee on Public Health, etc., on the subject of establishing a division of mental hygiene in the United States Public Health Service. The writer has not at hand the details of this resolution and can not therefore give its exact scope, but it is assumed that the full stenographic report of the proceedings of the New Orleans meeting, taken by Mr. McGarr, the official reporter, will be published in the next number of the *Journal of Insanity*, and that the president of the Association will be able to govern himself by the instructions given as soon as he has this journal in hand.

The strength and prominence of the Association was again emphasized by the election of a large number of candidates for membership, representing practically every section of the United States and Canada. The membership at the present time numbers 881, with 29 new names presented for first reading at New Orleans. These candidates will probably all be elected active members at the next meeting, which will raise the membership above 900.

The question of time and place for the next annual meeting of the Association was discussed at considerable length and invitations were read from Boston, Chicago, Detroit, Cincinnati, Augusta, Ga., and New York. The general sentiment, however, was so strongly in favor of New York City, that a resolution naming New York as the place, and the second week in May, 1917, as the time, was unanimously adopted. The opinion was expressed by many of those present that New York would attract an unusually large number of members, and that the selection of the foremost city in America for the meeting would stimulate great interest in the program, which would undoubtedly prove to be the strongest and best program we have ever presented. The hope was expressed on all sides that the

committee of arrangements, to be appointed by the president, would take up its work vigorously and cover the details within its function to the fullest possible degree. In this connection it may be noted that the Merchants Association of New York has been persistent and cordial in extending the invitation on behalf of New York, and in its offers of assistance, and may be relied upon, therefore, for substantial help.

Before concluding its labors at New Orleans the Association elected the following officers for the ensuing year:

President, Dr. Charles G. Wagner, of New York.

Vice-President, Dr. James V. Anglin, of New Brunswick, Canada.

Secretary-Treasurer, Dr. Henry C. Eyman, of Ohio.

Councilors for three years, Dr. Edward N. Brush of Maryland, Dr. Thomas Biddle of Kansas, Dr. Byron M. Caples of Wisconsin, Dr. Thomas W. Salmon of New York.

Auditor for three years, Dr. G. H. Moody of Texas.

In conclusion I desire to thank the State Hospital Commission for the privilege of attending the New Orleans meeting as the representative of the State hospital department, and to express my grateful appreciation of the honors conferred upon me.

Respectfully submitted,

CHARLES G. WAGNER.

THE STATE HOSPITALS AND THEIR RELATIONSHIP TO THE COMMUNITY.*

BY ROSS M. CHAPMAN, M. D.,
Assistant Physician, Binghamton State Hospital

The relationship between the State hospital and the community may be looked at from various points of view but for the purposes of this paper we will consider this relationship largely from the standpoint of the service rendered by the hospital. I wish to discuss briefly what we are doing for the community and what we hope to do.

We may say first that the hospital renders great service to the community through taking out of the way those unfortunate individuals who otherwise would disturb the peace and harmony of their neighborhood as well as the happiness and efficiency of their families and friends. Such persons are able to do the public a vast amount of harm in various ways. Their removal to the hospital is the removal of a distinct obstacle to the smooth progress of the affairs of the community. This service is of enormous importance and yet is so obvious as to be easily overlooked.

Second. The hospital, after taking away the individual who has become from the point of service of no value or an actual detriment, restores him again to the community as a positive factor in its affairs.

Third. It is to the hospital that the community turns for instruction; for that knowledge which will tend to put a stop to these constantly re-enacted tragedies of insanity which are hardly less a blow to the community than to the immediate family and friends of the victim. And it is the hospital which gives to-day that information in which the hope of the people of the State lies.

The hospitals of this State are recognized as being of the best. In the actual care and treatment of the insane the hospitals of New York are the acknowledged leaders. And so it is with our work along special lines both in the ward and in the laboratory. Under Drs. Meyer and Hoch of the Psychiatric Institute our clinical standards have been

*Read at Quarterly Conference, May 2, 1916.

steadily raised and the spirit of investigation, of research (without which the service would be dead) has been maintained. We are doing all that can be done toward the restoration to the community of its unfortunate members who come to us, with the organization and the facilities at our command. The lack, which will doubtless be some day remedied, is in number of physicians.

The hospitals are showing a very happy tendency to fulfill their obligations to the community in the field of education. This is an age of active investigation, of specific inquiries, of asking again and again the question, Why? The layman is aware that advances are being made in every form of human endeavor.

Our people are better educated than ever before—they are more intelligent, their interests are broader and yet they are practical. The people of every community are taking a more intelligent interest in what is for the common good. They are studying social questions. Furthermore, they understand the great value of movements to improve the public health, such movements as the anti-tuberculosis crusade, for instance, which has been so successfully waged; and they are coöperating to make the success of this movement greater.

In the search for actual values some senseless niceties have been very properly dropped. The average layman nowadays has some knowledge of what gonorrhœa and syphilis are and he is not afraid of the words. The problems offered by the social diseases, by prostitution, etc., are coming to be discussed by responsible citizens with a wholesome frankness. And so with the work of the State hospitals—the advances made in our studies of causation are of great interest to the community because it knows that until causation is understood prevention is impossible. And their interest, I believe, is very real. The importance of syphilis as a causative factor is being well spread over the State. The same thing may be said about alcohol. The temperance movement is sweeping the country. We will probably live to see a Federal statute passed prohibiting the manufacture and sale of alcohol in any form as a beverage.

When that occurs there will be a dropping off in the number of cases of insanity due not only to alcohol but to syphilis as well.

The community has come to understand the hospital better. The asylum idea is disappearing but there is still too great ignorance of the actual aims and practices of our institutions. A constant effort is being maintained to bring the hospital and the district it serves closer together. In this hospital, and I presume in others, the committing physicians are invited to be present at the staff meeting at which each case is considered. They are also asked to participate in the discussion of the case. We have formed the habit, moreover, of corresponding freely with the family physician regarding our cases. He is often asked for a history and it has been our experience that with some exceptions the family physician will take an active interest in the further development of the case. Furthermore, we get the physician to visit the hospital and again and again hear the same thing said, "Why I had no idea of what you are doing here."

A great deal has been accomplished by the provision made for the reception of voluntary patients. I do not think we can over-estimate the excellent effect on the community of this idea. Admission to the hospital has been by this step robbed at one stroke of the accompanying intense dislike which men always feel for legal commitments behind which lurks necessarily the idea of force.

A great step forward has been taken in the establishing of out-patient departments or dispensaries. This must necessarily be of great benefit to the community for it brings to its assistance the services of the specialist. Through the establishing of these dispensaries we are going to come closer than ever before to what we have always recognized as essential—that is, that *mental cases should be seen early*. There is no doubt that many problems, which through the ignorance of the physician as well as the family have been ignored or have been improperly handled, will be brought to our attention and our advice asked. The offices of the general practitioners, moreover, are full of neurotics. They

are temporizing with them as neurotics have always been temporized with. The dispensary is going to be the wedge whereby a way is to be opened to give these unfortunates the attention they need. This hospital has done some work in Elmira, Cortland, Norwich and Oneonta where out-patient departments have been started but various things (more especially the shortage of physicians) have conspired to limit our activities in this direction.

We must also mention among the things done for the enlightenment of the public as well as for the benefit of individual patients, our after-care work. On leaving the hospital on parole the patient receives from his physician advice as to his methods of living and so far as possible he is cautioned against things which might cause him trouble. He then leaves the hospital and goes back usually into the same surroundings and into the atmosphere in which he developed his psychosis. The intelligent after-care agent is here of great service. It is his or her duty to investigate the environment of the newly paroled patient to determine what, in the surroundings of the patient, is wrong, if anything. She must make friends of the family and work hand in hand with them for the patient's welfare. It is not necessary for the purposes of this paper to go into the vast number of opportunities the after-care agent has to render assistance to the hospital in its effort to get closer to the community. Such opportunities must be many. The after-care agent is a social worker, a field worker for the hospital and should leave behind her wherever she goes a permanent impression of the purposes of her visit as directed by the institution whose agent she is. The selection of these valuable hospital aids can not be too carefully made—for their intelligence, tactfulness, grasp of the needs of the position and their personality. Such a worker may do a hospital a great amount of damage or she may prove herself invaluable.

In a recent communication from the State Board of Health, I notice this paragraph relative to the anti-tuberculosis campaign: "Some idea of the importance of the work of the welfare agent of the county tuberculosis hospital in the prevention and early detection of tuberculosis may be gathered

from the fact that in six months the agent of one county hospital found in the homes of the families represented at the hospital 200 persons whom she believed should have medical examination to determine their condition with reference to tuberculosis or other disease. At the end of six months, 141 of the persons had presented themselves either to a private physician, to the free dispensary or to the hospital for examination, with the result that 25 were found to be tubercular, 8 others were doubtful cases, and 34 required treatment for ill health from some cause other than tuberculosis. Without the supervision of this service probably none of these persons would have sought medical advice "

In view of this report of what a welfare agent of one county tuberculosis hospital did in six months for the community it seems reasonable that before many years have passed similar reports may be received from our agents and field workers regarding the families of insane individuals. And here let me say that the field worker—the after-care agent should be adequately paid. The wage of the special attendant is not enough. We can not attract to these important positions the sort of people we need unless we pay reasonably for their services.

I have great faith in the intelligence of the average New York State community and I believe that once awakened to the possibilities the people will co-operate with us as satisfactorily and will evince the same broad interest as they have in the anti-tuberculosis campaign.

I do not think we have any conception of the amount of unhappiness in the community due to abnormal mental states of greater or lesser intensity. The abnormally irritable individual, the excessive worrier, the boy or girl who is developing peculiarities of behavior, the hysterical case or the victim of some other neurosis, the hard drinker and many others exist all about us. They cause their families untold anxiety and they themselves suffer, often far beyond our comprehension. The family physician does little for them. It has been always customary to let them drift. In fact that is all that could be done for them unless they attracted an undue amount of attention or developed some mental abnor-

mality so severe as to result in their being sent to the "asylum." It is this unfortunate class of people that exists unaided in every community which the hospital is going to help. We should let the community know that we are learning more and more all the while about the causation of abnormalities of human conduct of every kind, including even such small things as I have mentioned which without attracting great attention from outside still spoil the lives of whole families.

In the State hospitals, we are taking good care of a large number of wrecked lives. We are rebuilding some of them very successfully but I think we will be of greater value when we have gained the confidence and understanding of the district the hospital serves to such an extent that the intelligent lawyer or clergyman or farmer or carpenter or laborer will come to us and tell us of certain new and annoying or disconcerting traits, habits or symptoms or lines of thought developing in himself or in members of his family and ask our advice regarding them. It is in this direction we are tending, and it is there in the early recognition and treatment of mental troubles that the hospital is going to find its greatest sphere of usefulness.

We are making a steady advance in the confidence of the people of the community; we are doing much for their education. It seems sometimes that we do not do all we might. The idea of bringing the hospital and the people of the community together should be held constantly before us. No visitor to the hospital and no visiting relative of a patient should be permitted to leave the hospital without a word, at least, with some one in authority and without hearing something of the hospital and its operation which will make them friends and give them a good word to say for the institution. Every caller should be sent out a "booster" for the institution—if you will permit me to use the term. It expresses what I mean better than anything else. I am not sure but that it would be well worth the expense to have especially equipped, dignified ushers whose duty it should be to lecture to visitors before they show them around the institution. I am quite serious about this. Such a lecture (of course

prepared) might properly include references to the size of the institution, acreage, amount of land under cultivation and amount and value of produce turned in for the maintenance of the hospital; a list of the industries in the institution, the number of patients employed in these industries and the value of the same to the institution; the cost of maintenance of the hospital to the State and the cost of the whole State hospital service; the number of patients, employees and officers, number of patients under parole, the percentage of patients admitted who are discharged as recovered or improved; the number of patients who have come to the hospital voluntarily; also some allusion to the various causes of insanity and the necessity that cases should be seen early; the days on which staff physicians will see people with mental problems, etc. No visitor should leave the hospital without taking with him a pamphlet describing the institution, the work it is doing and its aims. There should be something in the pamphlet, moreover, of real educational value. These pamphlets would be read not alone by the visitor but by his family and the neighbors and would reach residents of remote districts as in no other way. Many people visit the hospital out of sheer morbid curiosity. They should go away feeling that they have gained information worth while. Surely the hospital would gain in the interest and respect of the community.

The co-operation of every physician in the hospital district should be solicited. Indeed, insofar as it is possible the physicians of the hospital district should be made field workers for the hospital. Every county medical society in the district should be addressed at least once each year by members of the hospital staff and any other medical societies in the district should receive the same attention. If invitations are not forthcoming from the societies then they should be sought. The interest of the physicians of the district, along certain lines should be focussed on the State hospital. Papers on neurological subjects, on syphilis and arteriosclerosis should be appreciated. Certain cases known to the audience in whatever part of the district could be read, their clinical history followed through and lantern

slide demonstrations of the pathological findings might be shown by the hospital pathologist. Papers, simply and understandingly written for the audience on the neuroses should be of interest and the "functional psychoses" with our knowledge of precipitating factors and to some extent of their abnormal psychology should furnish a subject for simply worded papers which should not be far above the heads of the average medical society. Other subjects which it seems to me must be of interest to county and city medical societies include heredity, the matter of education, the necessity of having trained observers in our schools, after-care and other things having to do with prevention. The physicians of the district should feel free to call on the superintendent of the hospital for a consultant in puzzling mental cases, the matter of fee being secondary. The idea should be fostered in the minds of the physicians of the district that the hospital facilities and the physicians of the hospital are at their disposal—always ready to render any possible service. It seems to me also that carefully prepared papers might be read before lay societies, civic clubs, the small town chambers of commerce, men's forums and other societies whose object is the betterment of the community, in which the economic side might be emphasized and the educational aspects treated of in some detail. While there would be probably very little visible reaction to such a program it would certainly make people think along profitable lines. Another plan which does not seem impractical would be the publication by each hospital quarterly or semi-annually of a pamphlet in which the work of the hospital is gone over and in which short sanely written educational articles would have a place. From the economic point of view alone there is enough to engage the thoughtful attention of every intelligent member of our communities.

In the *State Hospital Bulletin* of February, 1913, there appeared an article by Dr. Pollock, Statistician to the State Hospital Commission, entitled: "The Economic Loss to the State of New York on Account of Insanity in 1911." We may safely say that Dr. Pollock's conclusions as to the year 1911, apply equally well to the present year.

The items of cost to the State as determined by the statistician were five in number—namely:

1. The actual expenditures of the State for the year on account of the insane.
2. Interest on the investment of the State for the care of the insane.
3. Cost of the maintenance of the insane in private institutions.
4. Cost of the maintenance of the insane in homes.
5. The capitalized value of the loss of the probable future earnings of new cases.

In determining the last item only first admissions to the hospitals for the one year were considered and the result was basen on careful computation of (1) the number of new cases both male and female who had not passed the productive age (17-65); (2) the average number of productive years that it might be assumed would be cut off the life of these patients and (3) the average loss of earnings above cost of maintenance of a male and a female patient. The items totaled \$34,279,055.04, as the economic loss to the State for one year. The value in dollars and cents to the community of the restored individual is at once seen to be considerable and the subject is worthy of further elaboration. The last item—that is the capitalized value of the loss of the future earnings of new cases is over twice as large as all the other items combined—over \$22,000,000.00.

May I call attention also to this minor point, to the fact that a greater knowledge of the hospitals, their aims and practices on the part of the people of the district would avoid the outlay of thousands of dollars expended annually by families who can not afford it but who beggar themselves in a frantic and vain effort to keep their mentally ill relatives out of the State hospitals.

The State hospital as the natural center of education for its district along certain lines should make its influence felt in the very praiseworthy attempts already begun to educate the public. A physician with State hospital training should be added to the examiners of school children. Specially trained teachers should be placed in the public schools for

the instruction of inferior or peculiar children. It seems to me that all teachers in the public schools should have some instruction in mental hygiene, if only two or three lectures from a State hospital physician. There should be as many social workers as necessary to keep an eye on the children of families in which there is insanity or where there are psychopathic or neuropathic tendencies.

The State hospitals in the fulness of their great strength and with their commanding position should take the lead in their respective districts in the discussion of such public questions as the improvement of marriage laws, sterilization of defectives, etc.

I do not want to give the impression in this rather hastily prepared paper that I believe the millenium is at hand. Recognizing the difficulties in the way and realizing how very slow progress must be it has seemed worth while at least to think along these lines and to jot down some of the things which we must do to improve the relationship between the hospital and the community.

THE FUNCTION OF THE PATHOLOGICAL LABORATORY IN THE STATE HOSPITAL SERVICE*

BY WILLIAM J. TIFFANY, M. D.

The history of medicine is full of evidence that not until physicians began to make post mortem examinations of the human body in search for the hidden causes of disease was there any true scientific development in the knowledge of the character and relationship of processes of disease.

It is said that anatomy and physiology were studied with the greatest care at Alexandria 250 years B. C. and many important discoveries were made, but the destruction of the libraries there probably deprived following generations of physicians of many valuable observations in clinical medicine and pathology.

Galen, who was born about 130 A. D. placed the whole foundation of the art of medicine in anatomy and physiology. "He was the physician to successive emperors and occupied a position of commanding dignity. In every department of medicine this remarkable man was a reformer and an innovator. Galen's researches in anatomy were of the most extensive character, and in this subject, as well as upon the nature and treatment of disease, his views were accepted as gospel until the Renaissance. The special interest to us here is that to him may be traced the second great method which has influenced the advance of clinical medicine, namely, experiment. He was the first great experimental clinician. We owe to him elaborate studies upon the action of the heart, and he narrowly missed discovering the general circulation of the blood. He made careful observations on the physiology of respiration, and recognized the difference between diaphragmatic and intercostal breathing. By experiments on the nervous system he demonstrated the difference between the motor and the sensory nerves, and even distinguished the motor and sensory roots leaving the spinal cord. As an experimenter he had no successor of the same caliber until Harvey."

* Read at Quarterly Conference, May 2, 1916.

Following down through the centuries of the middle ages we have almost no records of the study of morbid anatomy. In the sixteenth and seventeenth centuries, however, there was an apparent awakening to the value of post mortem examinations.

In 1761, Morgagni published a system of reports in which he correlated the conditions of the organs in the body after death with the symptoms of disease. Here for the first time we find an effort made to explain the symptoms of disease by a careful study of the organic changes in the tissues revealed at autopsy. The value of this method of study became at once apparent and there quickly appeared in England, Scotland and France works of similar nature. "To Bichat (1771-1802), who was essentially a morbid anatomist, we owe the fruitful studies which gave us our modern outlook on the processes of disease. He placed the seat of all disease in the tissues.

The development of physical diagnosis followed rapidly the work of Bichat. Corvisart and Lænnec in the early years of the 19th century perfected and developed percussion and auscultation combining the results of study at the bedside and anatomical investigation at autopsy.

Germany furnishes the best example of the development of scientific medicine. From a position far behind France, England and Scotland in the early part of the 19th century Germany rose to a position of leadership in the last part of that century. This change of Germany's position in the world of medicine was largely, if not wholly, due to the controlling influence of Virchow, a pathologic anatomist. "He taught and demonstrated at the autopsy table with a system, perseverance and force never approached before, that every disease represented an anatomically localized process and that, therefore, the goal of all pathologic conceptions must be objective knowledge of, and location of the diseased processes—no speculative idea. Herein he was more radical than any of his predecessors. Virchow broke with all traditions of scholasticism and recognized only deductions based on actual observation. He held that every physiologic process possessed an anatomic corollary;

a disease, therefore, finds expression in anatomic, visible processes. The anatomic changes *represent* the disease. The only method, therefore, to arrive at a correct knowledge of the origin and course of a disease is to correlate the undeniable and visible autopsy experience of many cases, and to reproduce them experimentally. Thus vanished all speculation and discussions about the mystic character of diseases. By strength of his academic position Virchow was able to declare his entire independence, and he made his laboratory for the first time of any in the world an independent scientific institute, which was not as formerly a mere addition for the immediate needs of the hospital. It enjoyed a building of its own, elegantly fitted for those times. It became a great place not only of research but also of training in pathology. Virchow was most successful in this. It may be said without exaggeration that during his activity there was probably not a professor of pathology, medicine and surgery in Germany, to say nothing of foreign countries, who had not been taught or deeply influenced by him. The great pathologic institutes in Germany to-day are of his spirit, and under that spirit still devote the greatest attention to that branch of science which is intimately connected with the experience derived from post mortem examinations. It forms the all-important pillar of German pre-eminence in medicine, and it served as the most striking example of the influence of pathologic anatomy on scientific thought and development in medicine in any country. It was Virchow's greatest pride that he had taught physicians to think anatomically—that is, objectively."

The anatomical study of the nervous system seems to have been relatively late in appearing, and it was not until after 1880 that the researches of Golgi, His, Forel, Kölliker, Ramón y Cajal, van Gehuchten, Retzius and others led to the better understanding of the finer structure of the nervous system. Especially to Forel, who was well versed in the results of pathological anatomy and experimental pathology, do we owe many of our present concepts of the structure and reactions of the nervous system. After 1891 the use of

the methods devised by Marchi, Weigert and Nissl greatly stimulated the study of disease processes in nervous tissue. The influence of the pathological laboratory is especially evident in our present classification of mental disorders. We have two large groups, the organic and the functional. The researches of the last two decades have given us well known lesions in the central nervous system in the so-called organic group. To the work of Alzheimer, Nissl, Dunlap, Lambert, Noguchi, Southard and others we owe most of our knowledge of the organic group.

The importance of the laboratory in fixing the standards for the diagnosis and treatment of disease can no longer be denied. It has a very definite place in the system of any hospital. We are endeavoring to make our State hospitals institutions for the scientific treatment of the insane instead of asylums for their care. Naturally our attention is concentrated on the mental conditions of our patients and the physical aspects of the cases are apt to be either ignored or given perfunctory attention, unless there is some very obvious somatic condition. The enthusiasm of the psychiatrist in analyzing the mental content of a case and in administering a mental catharsis may well be the reason why magnesium sulphate is sometimes omitted when it is indicated. Added to the necessary close attention to the mental conditions of the patients there are the routine clerical work and the non-medical administrative details, which are performed daily, in almost exactly the same way. These are some of the things which tend to divert the physicians from the medical aspect of the work.

The laboratory may be made the medium through which to call the attention of the clinicians "to the non-psychological clinical medicine and to raise the standards of work on the somatic conditions. In the autopsy material and in the laboratory methods the somatic issues come to the front; hence their paramount importance for a practical balance in our system of controls."

The manner in which the pathological material is presented to the staff is of the greatest importance. There is no better way than to have the physicians who have worked

up the cases clinically attend the autopsies. They should bring with them to the autopsy a complete summary of all the physical findings and other clinical facts. A pathologist can not be expected to furnish an explanation for a certain symptom unless he is given some idea of what he should search for. The clinicians then see and therefore know what changes have occurred in the tissues during the course of the disease. Diagnoses are confirmed or corrected. Even if the autopsy proved the main diagnosis correct it almost always discloses important associated lesions which in their obscurity escape even the most careful clinical observer. Autopsies should be performed as soon after death as possible to secure the best results in microscopical examination; but with a little co-operation on the part of the ward physician and the laboratory worker the time of the autopsy may be readily arranged so that it will not interfere with the routine of either service.

Staff meetings offer the best opportunity for the whole staff to have the benefit of the autopsy material. Such pathological conferences are best conducted in the laboratory where there are facilities for the demonstration of gross and microscopic specimens. The use of a projection apparatus by means of which lantern slides and microscopical sections can be demonstrated to the staff, should be encouraged. The preparation of the sections of tissue now require but a short time and there is no reason why a complete report of the autopsy cases should not be given to the staff for general discussion while the facts are still fresh in mind. Dr. Adolf Meyer's recommendations for the conduct of the conferences on the post mortem work are here quoted in full: "The notes of the clinical diagnosis dictated at the beginning of each autopsy, or furnished in writing before the autopsy and containing all the data of probable physical disorders, their duration and evolution are to be read; then comes the summary and demonstration of macroscopic and microscopic evidence from the autopsy material; this is to be followed by a report of the pertinent clinical facts which the written history contains, with a statement as to how the clinical work should be done in future cases to assure the

maximum certainty concerning the findings even during the life of the patient. Such a comparison of the data gives the most immediate and the most valuable returns in increasing accuracy and keenness of clinical methods and reasoning. Without it the autopsy work is merely a continuation of self-protection which characterizes the work of all physicians who have ceased to progress. The fear that such scrutiny of the autopsy material might diminish the desire of the physicians to secure permission for autopsies, is hardly warranted if the work is carried on in the only spirit which will make it successful: that of a sound meliorism without pedantry, a spirit of helpful inquiry and not censure, with an opportunity to bring up needs of the services which otherwise might pass unrecognized under the cover of tradition."

To stimulate an interest in the accurate clinical study of organic brain conditions series of cases illustrating as far as possible all of the changes found in such conditions should be collected and demonstrated at the pathological meetings several times during the year. For example, specimens from cases of general paralysis and brain syphilis would be demonstrated and the differential points in the pathological processes emphasized; arteriosclerotic lesions in the brain might well occupy several meetings profitably; senile and presenile types could be compared and discussed.

An anatomical collection of macroscopic specimens should be prepared and preserved in such a way that they demonstrate the gross structure of the normal organs and the various pathological lesions in abnormal organs. Such specimens are very valuable in that they are always available for the study of gross pathology and they will be used time and time again in the instruction of junior staff members.

When the gross and microscopic examinations are completed they should be filed with the complete clinical records in the case books provided for that purpose. A copy of the clinical abstract and the laboratory findings in each case should be retained in the laboratory for the purposes of ready reference. Microscopical slides and tissue blocks

should be numbered and preserved in such a way that they may be readily found. A card index system which gives each case a laboratory number is very useful. These card systems can be made most valuable by cross indexing them so that series of cases may be readily referred to.

In our State hospitals during the year ending September 30, 1915, there were 3,036 deaths. Of these cases 35.9 per cent, or 1,090 came to autopsy. All of these cases have been sent to the statistician of the State hospitals and have been entered into his statistical tables under certain diagnostic headings. Of what value are these statistical studies when we know that all purely clinical diagnoses that are based on uncertain symptoms only must remain pure conjectures that lack the necessary objective proof? The autopsy experience in the large general hospitals shows that the cause of death as stated in the usual death certificate is frequently inaccurate. This is true in some instances even in which autopsies have been made. That there can be no absolutely certain clinical diagnosis in which all associated lesions are identified will be readily admitted. About three years ago Dr. Richard C. Cabot of Boston, whose works on diagnosis are universally recognized as being eminently authoritative, published an article entitled "Diagnostic Pitfalls Identified During a Study of 3,000 Autopsies." He presented a table which showed graphically the percentage of correct diagnoses in various diseases. The table is here reproduced in full:

	Per cent
Diabetes mellitus.....	95
Typhoid.....	93
Aortic regurgitation.....	84
Cancer of colon.....	74
Lobar pneumonia.....	74
Chr. glomerulonephritis.....	74
Cerebral tumor.....	72
Tubercular meningitis.....	72
Gastric cancer.....	72
Mitral stenosis.....	69
Brain hemorrhage.....	67
Septic meningitis.....	64
Aortic stenosis.....	61
Phthisis, active.....	59

	Per cent
Miliary tuberculosis.....	52
Chr. interstitial nephritis.....	50
Thoracic aneurism.....	50
Hepatic cirrhosis.....	39
Acute endocarditis.....	39
Peptic ulcer.....	36
Suppurative nephritis.....	35
Renal tuberculosis.....	33.3
Bronchopneumonia.....	33
Vertebral tuberculosis.....	23
Chronic myocarditis.....	22
Hepatic abscess.....	20
Acute pericarditis.....	20
Acute nephritis.....	16

He says: "At the successful end of this table I might have inserted (did space permit) pernicious anemia, leukemia, malaria, diphtheria, puerperal eclampsia, dementia paralytica, amebic dysentery and other diseases which are easily recognized as a rule by the routine application of modern diagnostic methods.

At the other and more humiliating end of the scale I could add acute pancreatitis, hemorrhagic pachymeningitis, hypernephroma (in its early stages) and many others."

If such percentages of error exist in a general hospital service presided over by such an experienced diagnostician, what are the percentages of error in the diagnoses of somatic conditions in the reports of the 1,946 cases sent to our statistician without confirmatory autopsy examinations? It is evident, therefore, that this large number of cases has made the statistics for the past year almost scientifically worthless as far as causes of death are concerned.

The 3,036 deaths furnished a great wealth of material and each one of the cases presented a purely clinical aspect as well as a psychological problem. In many of them the same etiological factors doubtless contributed to the psychosis as well as to the physical condition. "They all brought home many practical problems in the hospital services and demands on our clinical skill and nursing." But only 35.9 per cent of these cases were completed by an autopsy examination. The loss of the 1,946 autopsies has

been a greater loss to the various physicians in the hospitals who made the clinical examinations than to the statistical records. For without the macroscopic and microscopic evidence from the autopsy material for comparison with the physical diagnoses and therapeutic procedures during the illness of the cases the clinicians can never be sure that their work has been directed along the proper lines.

The percentage of autopsies throughout the various State hospitals is probably a good indication of the influence of the pathological laboratory toward more scientific diagnostic and therapeutic procedures. Wherever the laboratory has failed to present the value of carefully worked-out autopsy material or wherever it has failed to co-operate with the clinical staff by furnishing friendly criticism and help, there will be found a low autopsy percentage. But there are other factors which tend to keep the autopsy rate down.

The custom of waiting for a patient to die before making any request for a post-mortem examination is responsible for a loss of many autopsies. The relatives immediately confer with an undertaker for the removal of the body and many undertakers will advise the relatives that an autopsy will interfere with the proper preparation of the body for funeral. Some burial societies also object to autopsies because of religious prejudices. These difficulties and objections are overcome if the request for autopsy is made before the death of a patient. Most of our patients are visited by relatives during intercurrent or terminal illnesses. At one of these visits the physician in charge should present his request for permission to make a post mortem examination. A little tact in presenting the proper argument to the relatives will prevent many curt refusals. The argument that the relatives should know exactly, not only the cause of death, but also the incidental diseases of every member of their families appeals to most intelligent people. When they understand the benefit that they themselves may obtain from such an examination they are often eager to consent. The promise of a complete report of the findings clinches many arguments. There need be nothing about a request for autopsy that will offend the finer sensibilities of anyone,

indeed, the hospital confers a favor by offering to make a post-mortem examination.

Sometimes the relatives are unable to visit the hospital and write for information regarding the condition of a patient. If the case is one in which death may occur in the near future a request for autopsy permission is included in the answer. At this hospital it has been the custom for several years to present the argument at the end of the letter as follows: "Although he is not in any immediate danger, I wish to call your attention to the advisability of an autopsy or post-mortem examination in the event of the death of *Mr. Smith*. You will of course understand that this examination does not disfigure the remains in any way and will not interfere with any funeral arrangements you may wish to make. The entire expense of the examination will be borne by the hospital. *Mr. Smith's* case has been one of more than usual interest and you will doubtless wish to know as much as possible in regard to the nature and cause of the disease from which he suffered. This can only be ascertained by autopsy. Kindly advise me at your early convenience if you are willing that the examination should be made."

This paragraph is never omitted when correspondents are informed of a critical illness of a patient. Its use has been instrumental in materially increasing the autopsy percentage.

There are instances, of course, when a patient dies soon after the onset of his terminal illness before the correspondents can be informed that he is ill. In such a case permission for autopsy must be requested in the telegrams and letters which notify the relatives of the death of the patient. The telephone may also be used to good advantage in such emergencies. In no instance should a body be removed from the morgue until the question of autopsy permission has been decided.

Some autopsies are lost through the influence of undertakers. Much can be done to counteract this opposition. By performing autopsies as soon as permission is obtained and allowing the undertakers to remove the bodies within a

few hours before decomposition is evident much of the difficulty is removed. A spirit of fairness and willingness to co-operate with them in any way has made some of our undertaker opponents into boosters for autopsies. Carelessness in the restoration of the body after autopsy creates an opposition on the part of undertakers and the public which will materially effect the autopsy percentage for years.

The whole general attitude of the hospital toward the friends of its patients and to the public in general has much to do with the success in obtaining autopsies. A good autopsy percentage requires constant, well directed systematized effort on the part of the whole staff.

A short summary of the status of the autopsy percentage at the end of the year should be presented in staff meeting. The reasons for the failures to get autopsy permissions should be gone over carefully and arguments developed to meet such opposition as the experience of the past year has indicated.

The chief function of the pathological laboratory in the State hospital lies in its work on morbid anatomy; but the importance of clinical ante-mortem laboratory diagnostic methods must not be overlooked in our enthusiasm for the value of the autopsy work. Routine chemical and biological examinations are indispensable for accurate diagnosis. The examination of a case is never complete until all of the resources of the laboratory have been exhausted. The number of diagnostic laboratory procedures is very large and new ones are constantly being added. A few should be employed as a routine, the others when they are indicated.

Examinations of urine are absolutely essential in all newly admitted cases, in all febrile, and in all chronic cases from time to time. These examinations are more thorough and more uniform if made in the laboratory instead of in the various services.

The Wassermann reaction for the diagnosis of syphilis should be performed as a routine procedure in all our State hospitals. The diagnosis of no case of dementia paralytica is complete without a Wassermann test and it is almost

impossible to make a diagnosis of cerebral syphilis without laboratory aid. There are many syphilitic cases, not dementia paralytica or cerebral syphilis, in our hospitals. In many of these cases the presence of syphilis is unsuspected and therefore untreated. Routine Wassermanns in an Alabama hospital for the insane showed over 25 per cent of negro inmates to be syphilitic; in an Oregon State Hospital nearly 20 per cent of the inmates were syphilitic; in Massachusetts Dr. Southard reports a percentage of 14.7 for the Psychopathic Hospital; in the Government Hospital for the Insane there were over 20 per cent.

All of our organic cases require spinal fluid examinations: Wassermann reaction, estimation of cell content, globulin tests and the colloidal gold test although the exact significance of the latter test is not yet established. These spinal fluid examinations should be repeated from time to time as the reactions apparently differ in successive tests.

Bacteriological examinations should be made in many cases where this side is neglected. The danger of the spread of infectious diseases in institutions is very great. Tuberculosis, lobar pneumonia, septic throat conditions, diphtheria, typhoid, etc., all require special care and segregation, if not isolation. Their prompt diagnosis is greatly facilitated by the laboratory. The present treatment of infectious processes by means of serums and vaccines has made the laboratory a necessity, for specific treatment is useless unless there is an absolute knowledge of the etiological factors.

The laboratory equipment and force should be such that any modern diagnostic test may be undertaken and all new methods of clinical diagnosis given a careful trial.

In conclusion I wish to again call attention to the fact that our present day knowledge of medicine is largely the result of post-mortem examinations of cadavers and if our standards are to advance in the future more attention must be directed to this important subject.

THE LABORATORY IN ITS RELATION TO THE PURCHASE OF SUPPLIES*

BY BURT E. NELSON, PH. C.,
Binghamton State Hospital.

The chemical laboratory of this hospital, in which the analyses for the Purchasing Committee for State Hospitals are made, occupies a position quite similar in function to that of the laboratory in a large manufacturing or other commercial business. In the first place it assists in establishing the comparative values of materials submitted with bids for contracts, and later checks in large measure the deliveries to the various hospitals under these contracts. Quite a large proportion of the purchased supplies are more or less amenable to laboratory evaluation.

The desirability of these checks will, I believe, be apparent to everyone when we consider that the prescribed procedure of placing orders with the lowest responsible bidder may offer a natural temptation for sharp dealing, as may also a rise in the market price of a commodity, after a contract has been agreed to. Further, in asking for competitive bids on supplies of widely varying character or value, standard specifications, defining the quality, strength or other properties which will be acceptable, become in many cases, almost a necessity, and yet the use of such specifications implies the moral obligation on the part of the hospitals of checking all deliveries of goods under them, to ascertain whether or not they are in accordance with the standards.

For these analyses to return the greatest amount of good service, the spirit of friendly interest and co-operation which exists among the various hospitals, and between them and the laboratory, is of course indispensable. Were this not so, there would be the ever present danger of the work becoming purely routine and mechanical.

The space devoted to these tests in our laboratory is from necessity limited. The work began to be followed generally in a comparatively small way about ten years ago and

* Read at Quarterly Conference, May 2, 1916.

has continued to increase until we have long since outgrown our quarters, and until new ones can be had, we will be frequently compelled to move much apparatus from and to outside storage rooms.

The number of analyses made varies from 1,200 to 2,000 per year. Of this number 20 to 25 per cent are of foodstuffs, about 50 per cent are of fuels, from 2 to 5 per cent are of drugs, medicines and similar materials, about 3 per cent each of textiles, agricultural chemicals and seeds, laundry chemicals, paints and painting materials, rubber goods, and lubricating oils, while waters, metals and other engineering supplies make up the remainder.

While the proportion of several tests naturally varies, from year to year, there has been, as just stated, a nearly continuous increase in the total number, and one which will apparently be still more marked in the future.

Of foodstuffs and general supplies, very few departures from "purity" have of late years been found to exist; in fact purity in the ordinary acceptance of the term, as applied to these, is and has been a somewhat extravagantly used term. "Quality" however is variable, and its measure important.

While the quality of most foodstuffs can be, and usually is, judged by the unaided senses of an experienced purchaser. It often becomes desirable to have some numerical expression for purposes of record, especially if controversies occur, and these numerical expressions may only be had after some chemical or physical test. For example, our recent shipments of syrup and molasses were quite obviously at variance with the standard samples on which the contracts were let, but only the polarization figures would allow of stating these variances directly on paper.

Again, for the technical purpose of complying with the New York State laws, it often becomes necessary to have these qualities expressed in definite figures, as in the case of vinegar, milk, cheese, and other commodities.

Any statements having to do with fuel testing are, I fear, apt to seem hackneyed after our numerous controversies, and yet the importance of the subject demands them.

In the case of coals used for generating steam, after ascertaining by actual firing and steaming tests the "kind" which serves best in any particular plant, the value of successive deliveries of that coal is directly proportional to the total heating value as determined in a calorimeter. This means that all the other items in our coal specifications such as volatile-combustibles (gas), fixed carbon, ash, and sulphur, are of secondary importance except for establishing the kind of coal, although excess of ash is of course also objectionable to handle.

For these tests to be in any way just, it is absolutely necessary that the small sample of coal which is actually burned in them, shall accurately represent the entire gross shipment, and for this, proper sampling becomes of paramount importance. The mere taking of a few random scoopfulls from different places and mixing them, can never be sufficient. It is to failure to appreciate this that practically all of our controversies over the different results obtained on different samples from one and the same shipment are due.

As a result of quite extensive experimental studies made last year, our next standard specifications, if adopted, will include detailed directions for taking samples.

These specifications are also otherwise practically in accord with those recommended by the Federal Bureau of Mines.

The purchase of a good grade of coal at a reasonable price, is, however, only the first problem in fuel economy.

The second, and by far the more important one, is to burn that fuel efficiently, so that a maximum number of pounds by weight of steam may result from each pound of coal.

This practical combustion in the boiler furnace is a definite physico-chemical process and subject to laboratory control, although from the nature of the case the analytical work is usually more conveniently done in the particular power plant than in some place more remote.

At various times the laboratory has made studies of the results obtained under various power plant conditions and

management. The most complete series of these, consisting of about 250 completely checked boiler steaming tests, is epitomized in the report for the Binghamton State Hospital for the year 1908, where "The Relations Between the Composition and Mode of Burning Coals, Furnace Temperature and the Temperature and Composition of the Resulting Chimney Gases; and the Total Efficiency of Boiler and Furnace," are briefly discussed.

In the report of the State Hospital Commission for the year ending September 30, 1915, are some further examples of the efficiencies obtained where furnace combustion was so regulated as to give chimney gases of varying compositions. To these you are referred for more detailed figures. In the latter report is also a summary of the extent to which the various kinds of coal shipped, complied with our present coal standards, and the results of sampling experiments.

In a boiler plant operating under the very best of practical conditions, 20 to 30 per cent of the total heat liberated by the fuel is lost, *i. e.*, the combined efficiency of boiler and furnace is rarely more than 70 or at most 80 per cent. (Incidentally the best and most expensive compound condensing engines built, do not utilize more than 20 or 25 per cent of what energy remains.) An average partition of the heat loss in such a case might be about as follows—loss up the stack, due to the specific heat and temperature of the completely burned gases, 17 to 20 per cent, and loss into the ash pit and by radiation from 3 to 5 per cent.

On the other hand, it is no uncommon thing for a large and otherwise well equipped power plant to be so designed and managed that 35 or even at times 50 per cent of the total heat will be lost, *i. e.*, total efficiency is only from 65 to even as low as 50 per cent.

An example of the heat loss partition in such a case might be as follows: loss up the stack due to the specific heat and temperature of the completely burned gases, and also to the unburned combustible gases (with perhaps some smoke or solid carbon particles), 25 to 40 per cent, and loss into the ash pit and by radiation, 10 per cent.

What such an uneconomical combustion amounts to in

lost dollars can well be imagined, and yet it is the very type of loss which is most common, and concerning which the interested parties are frequently convinced with the most difficulty, because it is entirely invisible and accompanied by no other sensible effects than the lowering of the coal pile and the steam meter records.

The remedy in such a case is obviously to locate the source or sources of the loss, by a series of tests, and then to correct them. Metering and recording the quantity and temperature of the feed water used, and weighing the total coal burned, or the use of an accurate recording boiler horse power meter, will, with the laboratory reports on the coal itself, enable one at all times to know exactly what the boiler plant is actually doing. If we do not evaporate on the average three-quarters of a pound of water for each thousand heat units existing in the coal fired, we are not getting the best results. Some plants, however, do not average much more than one-half pound of water evaporated. These figures correspond roughly with from nine to ten pounds of water for each pound of steam coal of average heating value. Carbon dioxide recorders are useful adjuncts, but do not by any means answer the main question, *viz.*: "How much actual steam do we get for a dollar?" Lastly, loss of heat which has been once generated, through inelastic heating installations, is of course another and grave source of expense, but one which the engineers have not been able to correct.

In the case of cloths used for clothing, the laboratory tests are of value, but the kinds of tests will vary somewhat with the use to which the fabric is to be put. In men's suitings, the proportion of woolen and cotton, the weight per square yard, from which the weight per running yard is calculated, the nature of the weave, and the fastness of the color, are all important. The tensile or tearing strength is also of some value. In cotton fabrics for women's dresses, the weight, fastness of the color, and tearing strength are usually most important, although the pattern should, I believe, here be also considered from the æsthetic standpoint. The value of strong canvasses depends almost entirely on the tearing strength.

Analyses of rubber goods often furnish somewhat paradoxical results. Old tissue, containing a larger amount of pure rubber may show more poorly in the physical tests on account of its old, "dead," and sclerotized condition, than a newer "young" or "live" tissue which really contains less rubber. Other things equal, however, the tissue which contains the most actual live rubber is usually the longer lived. There are a number of expensive physical testing machines for aiding in judging rubber by its elasticity and tensile strength, but for most of our supplies they would serve but little purpose.

Among engineering supplies, other than fuels which have been discussed, lubricating oils will probably be of some passing interest. With these, purely laboratory chemical and physical tests can never serve except in a very general way, for indicating the best oil for any particular machine, nor can any one oil be made to answer well for widely different purposes.

From this it will appear evident that single specifications for lubricants, intended for use under the widely varying conditions obtaining in the State service, based entirely on laboratory chemical and physical figures, and so calling for laboratory control, would need to be attempted with caution. However, where a lubricant has once been found to answer well in practice for any particular group of machines, it is possible to so fix its particular characteristics that competitive bidding may be successfully invited.

These characteristics should include the color, gravity, refractive index, and degree of unsaturation, if any, by means of the iodine number, &c., of both the lubricant itself and the petroleum base from which it was made, as well as the nature and amount of any compounding fats, where these are found present. Tests of viscosity, acidity, and suspended matters, flash and fire tests, and sometimes the cold test, should also be made.

While I am aware that our opinions on this subject are at variance with those of the Standard Oil Company, I believe that any two lubricants which will agree in all these particulars, will also correspond in their actual practical use.

This is in reality only another way of saying, however, that in order to thus agree, the two lubricants will practically have to be made from the same kinds of crude materials. Laboratory tests have failed in the past, largely, I believe, because of the fact that comparisons were only made of the gravity, viscosity, fire and cold tests, with perhaps the amount of compounding fats.

As routine determinations of this kind are at best difficult and time-consuming, it has generally been thought best to let the oil company's "trouble man" find the best oil for our particular use.

In the line of metal piping work, the general consensus of opinion seems to be that for water and return water pipes, wrought iron is superior to steel, on account of being less readily corroded. There are, however, those who think otherwise. After rather extensive studies in our laboratory, we found that much of the so-called wrought iron might fully as truthfully be called low carbon steel. We also fixed the limits for what we considered a satisfactory wrought iron pipe. Our corrosion troubles, however, still continued. After another series of field tests we then learned that stray direct electric currents existed in nearly all parts of the campus, and that these were causing the trouble. Since our new alternating current installation has been in use, the trouble has practically all ceased.

Along this same line, it may be mentioned that those valves whose seats and discs contain considerable tin along with the copper, are much more durable than those containing less. Copper, 88 per cent, tin, 10 per cent and zinc, 2 per cent, with perhaps a few tenths of 1 per cent of lead replacing some of the zinc, makes a good alloy for this purpose.

Waters, cements, painting materials, and numerous other engineering supplies, which receive frequent checking here, call for no special remarks.

Among the supplies purchased for the farms and gardens are many calling for laboratory control. Fixing the money value of commercial fertilizers is a purely chemical process, as is also the testing of various insecticides and fungicides;

while closely related to these is the testing of seeds for purity and viability.

We have here mentioned briefly only a few of the many uses which the control laboratory serves to the individual hospitals in helping to determine the value of purchases, aside from those which are purely of medical interest.

In the analysis and standardization of drugs and medicines, in the bacteriological testing of disinfectants and antiseptics, and in the sanitary analysis, both chemical and bacteriological, of water and milk supplies, its uses are also broad. Reference is here made also to "Changes in Beef and Eggs During Cold Storage" in the Commission's report for 1913-14, as an example of this service.

Still further uses for it are in the analysis and duplication of proprietary mixtures of various kinds, which, as sold on the market frequently command a price far beyond their intrinsic value.

In this manner we have been able to furnish a very serviceable roach powder ("Roach Doom") consisting of finely ground fluoride of soda mixed with 5 per cent each of red pepper and corn starch. A liquid (but inflammable) spray for bed bugs and similar uses consists of five parts of naphthaline, ten parts of oil of turpentine, or, better still, pine oil, one-tenth of one part of nitrobenzine or essence of mirbane and enough light kerosene or heavy naphtha to make one hundred parts.

A general formula for all that wide class of coal tar disinfectants of the creoline class, which occur under a variety of trade names is as follows: Creosote oils, fifty six parts; dark colored carbolic acid, sixteen parts; caustic soda, four and one-half parts; dry chip soap, two parts, and rosin, twenty-one and one-half parts.

The rosin is heated with the soap until they melt together, the soda dissolved in the least possible amount of water added, and when all have combined and dissolved, and the temperature allowed to cool to below 150 centigrade, the coal tar fractions are added.

Such a disinfectant, if properly made, will dissolve to a milky mixture with water and, depending on the cresol and

phenol content of the coal tar oils used, will have a phenol coefficient of from three to six. The latter bactericidal strength is, however, more readily attained by partially chlorinating the tar oils.

At the present time, on account of the large export of coal tar fractions for explosives, a good quality of these are obtained with difficulty.

We have mentioned only a few of the possible utilities of the laboratory in these lines.

As might be inferred, these routine examinations leave little time for any regular research studies, and as a result we are not able to furnish the amount of material for publication which we did some years ago. Also, much of what we do have is not suitable for medical literature, but we believe that for all this handicap, we can still continue to furnish much useful information to your various hospitals if you will continue to make use of us and to bear with occasional unavoidable delays.

As may be seen, the results of most of our analyses have chiefly an ephemeral value, their primary utility ceasing after the particular shipment represented is either paid for or rejected, but in time there has accumulated a great mass of largely undigested and unassimilated figures, which are apt to remain so. These might perhaps have furnished many valuable generalizations had the antecedents of the samples from which they were originally obtained, and the degree of satisfaction which they later gave, been known.

This again, however, is a not unusual concomitant of routine work which has other objects as its prime function.

The following is a chronological list of the special studies which we have undertaken during the past seven years:

- 1908—"Relation between the composition and mode of burning of coals, furnace temperature, and the temperature and composition of the resulting chimney gases; and the total efficiency of boiler and furnace."
- 1909—"Analyses and other pharmacological studies of the newer synthetic medicines, of especial interest in hospitals for the insane."
- 1910—"Introduction to the analysis of drugs and medicines."
- 1911—"Studies of wrought iron and steel pipe."

- 1912—"Studies of corrosion of iron and steel piping by stray electric currents."
- 1913— Few unimportant studies only.
- 1914—"Studies on cold storage changes in beef and eggs," and on the "Spoiling of beef and eggs." "Methods for the chemical analysis of nervous tissue, especially brain." "Studies on brain protagon." "The bitter principle of common ragweed."
- 1915—"Further studies on the purchasing of coal on analysis and heat specifications." "Further studies on the efficiency obtained by burning coals to give chimney gases of varying compositions." "Studies of errors in sampling coal."

Practically all of these are published and available to interested parties.

“MEETING THE MENTALLY SICK HALFWAY*”

BY GEORGE A. HASTINGS,
Executive Secretary of the Mental Hygiene Committee,
New York State Charities Aid Association.

I am here to-day because of the kind interest of your host, Dr. Ostrander, and because New York State is earnestly trying to meet the mentally sick halfway—and possibly a little more.

It can not be said that the subject we are discussing is new. The need of earlier discovery and prompt treatment of nervous and mental disorders has long been recognized. The subject sometimes *seems new* because we have so long delayed putting into practice something we knew was good.

No greater mistake could be made than to think that we in this age have a monopoly of progressive ideas even about a subject which has so recently come into its own as psychiatry. In 1830, Dr. John Conolly of London, England, in his published suggestions for the better protection and care of the insane took extremely advanced ground for that time. “What is required,” he said, “is that all who are insane should be properly taken care of; that the friends of individuals who are insane should be able to procure such immediate aid as the case requires. All who are now in a sound state of mind should feel assured, that in case of becoming afflicted with insanity, they would be protected; that their property would be carefully preserved, and their persons secured from danger or ill-treatment; that they should not be excluded from the observation of friends or persons desirous of restoring them to society; that they would be frequently visited by those who would not allow them to remain in confinement any longer than might be absolutely necessary, or to be subjected at any time to any restraint which the safety or security of their own persons or property of others did not positively demand; that every remedial means, medical, moral and mental, will be patiently and perseveringly, and *scientifically* employed, for

*Extracts from paper read before conference of superintendents and trustees of the Michigan State Hospitals, at Kalamazoo, July 20, 1916.

their restoration to sound mind; that all persons of unsound mind should become the *care of the State* and should continue so until recovery; that there should be attached to every asylum a certain number of medical officers and keepers ready at all times to attend to insane patients *at their own homes*. As soon as signs of insanity appeared in any individual, notice of it should be given at the public asylum for the district, and the individual should immediately be visited by a medical officer connected with the establishment. Visitors (not medical practitioners) should be attached to each asylum to pay a visit to each person on the insane list, and out of the asylum, *at least once in fifteen days*; and to make a monthly report of the state of each. No lunatic should be allowed to remain in any workhouse."

In these suggestions—and recall again that they were made in 1830—Dr. Conolly forecast and formulated State care, scientific medical treatment, out-patient departments with home visitors, (social workers or field agents we would call them to-day) and took a stand against unnecessary physical restraint and against custody of the insane in jails and workhouses.

It is not quite one hundred years since Conolly made these astonishingly progressive suggestions, and perhaps by 1930 we shall have caught up with some of them.

In the days that have passed since Conolly, the ideal of treating the insane has come ever closer to that of general hospitals in caring for the physically sick. Almshouse and jail care of the insane gradually gives way to hospital treatment. For the idleness, degradation, neglect and physical restraint of the penal and pauper institutions are substituted high grade medical care and nursing, hydrotherapy, recreation, occupation and comfortable and humane housing, all of a standard comparable to general hospitals.

But another important step is to be taken before the ideal of hospital treatment is fully realized. The out-patient department, which has contributed so much to the efficiency and usefulness of the general hospital, must become as inherently a part of the State hospital as of the general hospital before the former can assume its complete responsi-

bility and measure up to its full opportunity in caring for the mentally sick and preventing the development of mental diseases to serious or hopeless stages.

The very change of the name of our institutions from asylums to hospitals, a change not yet fully accomplished in fact, implied that the insane hospitals should have departments for out-patients. Not every person physically sick needs to go into a hospital and stay there all the time in order to be treated. The general hospital makes provision for such people by treating them in dispensaries while they continue to reside in their own homes. Now, there are certain classes of people with mild forms of mental trouble or in early stages of forms that may become serious, who do not require actual hospital residence, but do need expert advice and treatment. For such cases the State hospitals should provide dispensaries. Inspired by teachings of men like Dr. Conolly, Dr. Meyer, Dr. Hoch and Dr. Salmon, State hospitals in many States are providing such dispensaries and through them pushing out into the communities, assuming a considerable degree of responsibility for the mental health for the people in their districts, and becoming centers of health as well as places for high-class care and treatment.

The general hospitals do not assume the attitude of saying to patients: "You can not come in here and get the treatment you need! without complicated legal proceedings and an iron-clad commitment by a judge." It does not even wait for a patient to come; it sends an ambulance to get him. Likewise the State hospitals are opening their doors and saying: "come" to all those who need their help. If the people can not come to the hospital, the hospital practically goes to the people by means of its out-patient department. Or, if the patient can not come to the hospital and the hospital can not go to his home, the hospital specialist and the patient meet at a halfway house, the mental dispensary or clinic.

And as the efficiency of the general hospitals has been greatly increased by visiting nurses and social workers, so is the usefulness of the State hospitals increased by having

field agents attached to the regular staff to attend the dispensary sessions and visit prospective or former hospital patients in their homes to see that the doctor's suggestions are carried out and that the home conditions are made as conducive to mental health as possible.

Such a system of halfway houses is possible for any State hospital system, and their usefulness and economy are already being amply demonstrated in several States. Though New York State has only recently tackled the out-patient job in earnest, the results have been promising enough that I believe you will be interested in a sketch of the origin and operation of the New York system.

For more than forty years the State Charities Aid Association has been working for the welfare of the insane in New York. In 1910, it established a mental hygiene department to carry on a campaign for the prevention of insanity and to secure earlier diagnosis and treatment of mental diseases, under State auspices, if possible. The Association's forty years' experience had convinced it that the State could never do its full duty to the insane by simply going on building new buildings indefinitely to house patients after they had become desperately ill. The need of prevention, of organized, consistent and persistent efforts to find persons when they are beginning to get sick mentally and to see that something is done for them—and done in time—was an obvious duty and a promising line of activity.

Soon after the campaign of prevention started, efforts were made to induce the State of New York to establish out-patient departments for free diagnosis, advice and treatment in cases of early mental disorder. Such attempts were not immediately successful. Public ignorance, official apathy, and lack of funds all stood in the way. While working hard to overcome these obstacles, the committee also decided to approach the task from a different angle. They undertook to demonstrate to the State what could actually be done in the kind of a clinic or dispensary which they were asking the State to establish. Accordingly, with the aid of physicians from two of the State hospitals, they opened such a clinic on the lower east side in New York

City. The need of such an institution was almost immediately shown by the use made of its facilities. Trained social workers coöperated with the clinic physicians. The existence and purposes of the clinic were made known to the general public, social agencies, probation officers, clergymen, physicians and others throughout the city. Growth was rapid. In a short time the clinic was moved to Cornell University Medical College and incorporated into the Department of Psychopathology. To-day the clinic has a record of having assisted more than 1,700 persons to medical treatment or social readjustment.

This demonstration and the educational campaign which was being carried on by the committee in the meantime were succeeding in arousing interest in *State effort* along this line. In 1913, the New York Legislature, at the suggestion of our committee, passed a law authorizing each of the State hospitals to establish an out-patient department, assign a physician to it and employ a social worker or field agent. This law has been referred to by Dr. Salmon as the most important law in behalf of the insane passed in a generation.

But for several reasons, particularly lack of funds, the hospitals were slow in taking advantage of the new law. Up to last October, only three of the 13 institutions had a paid agent and only seven of the hospitals had established any sort of an out-patient department. Governor Charles S. Whitman of New York, however, is deeply interested in the early discovery and treatment of mental diseases, and it is largely through his active interest and support, in coöperation with the State Hospital Commission, that the system of out-patient departments in the Empire State is being extended and brought to a high state of efficiency. Last autumn, Governor Whitman gave the needed impetus of his assistance and influence to a plan to establish dispensaries in connection with *all* the hospitals, enlarge the activities of those already started, and employ a field agent in connection with each of the hospitals. As a result of a conference between the Governor, members of the Hospital Commission and members of the staff of the Mental Hygiene Committee it

was decided to proceed along the lines and to the extent contemplated in the statute. The Governor asked the help of our committee in establishing and supervising the dispensaries.

The work proceeded almost immediately. At the present time, nine of the hospitals have established one or more outpatient clinics and the other hospitals are planning to open them in the near future. In all, there are *fourteen such free* dispensaries maintained by State hospitals in the large cities and the smaller communities scattered from one end of the State to the other. The time probably is not far distant when there will be 25 or 30 such halfway houses. Twelve of the 13 hospitals now have field agents. Thus is New York trying to meet the mentally sick halfway.

Now, as to starting the clinics and making them work: When the Governor and the Hospital Commission had decided upon establishing such dispensaries, the work had only begun. People generally did not understand what the new scheme was all about; what it was intended to accomplish, or how it was proposed to go about it. Our committee prepared a statement about the whole scheme, worded plainly and without technical terms so that the man in the street could read and understand. This was shown to the Governor, his approval and endorsement secured, and it was sent to every newspaper in the State of New York. This marked the beginning of the educational campaign regarding clinics. This campaign has been continued by means of newspaper publicity, popular pamphlets and public addresses generally throughout the State. Intensively work has been done in various cities, towns and counties.

Patients did not come immediately to the new dispensaries. People did not understand about them, or know where to go, or what to do, or whom to see, or when, or how, or what for. It was necessary to explain to the public that a mental dispensary is a regularly appointed place where anybody may come on a specified day and hour for free consultation, advice and treatment by a mental specialist from a State hospital. The specialist, it was explained, examines all who come and advises with them and their relatives

and often with the family physician. Before leaving the State hospital he compiles a list of its patients from that locality and can answer questions from inquiring relatives and friends. This often saves long journeys to the hospital to see patients and is greatly appreciated by the relatives.

When a new clinic was established in the Williamsburgh general hospital in Brooklyn, 3,400 circular letters were sent to clergymen, physicians and social agencies in Brooklyn and articles were furnished to 70 newspapers in four counties. The result of the publicity was the remarkable attendance of 80 persons at the opening session of the clinic, only one of whom needed commitment. The subsequent attendance has ranged from 20 to 25.

And so it has gone in connection with other clinics established one after another throughout the State. Generous publicity has been necessary to interpret the aims and methods of the clinics and to make them effective. In the newspaper articles and in the circular letters an invitation to attend the clinic is extended to all persons who feel depressed, nervous or worried or who have lost some of their interest and zest in life and its daily duties. Individuals who feel that life is becoming too hard for them; who find themselves without the normal desire to associate with other people; who think they are misunderstood, slighted or shunned by their friends—these and many others, it is stated, will find help in a frank talk with a mental specialist. Persons who think that the world is against them, who sleep poorly and have numerous nervous symptoms undoubtedly benefit by seeing a specialist who understands the mental factors of their case.

It is explained that persons suffering from mental disease in its early forms are often misjudged by members of their family and friends because the real nature and source of their trouble is not recognized. Without treatment their condition becomes worse, and many are to-day in State hospitals when this might have been avoided by early attention to their difficulties. The dispensary provides means to detect the early symptoms, understand the causes and see that medical and social steps are taken to remedy the conditions.

Not a few of the patients have come to the clinics with a newspaper clipping in their hands. Others were referred by physicians or social agencies or were brought by friends and relatives.

To these dispensaries come such people as the abnormally irritable individual, the excessive worrier, the boy or girl who is developing peculiarities of behavior, the hysterical case or the victim of some other neurosis, the hard drinker, and the other neurotic types who exist in every community.

A child will be brought by the mother whose intuition has told her that he is "different" from the others. A man will come who has found his customary work grown difficult and who is conscious of the loss of memory; also a youth who fears that he is hopelessly entangled in some sexual difficulty but thinks that some good "mind doctor" might help him find a way out. An anxious wife will come to inquire about a man who "has always been a good husband, although he drinks a bit," but lately has become irritable and suspicious and has lost four jobs because "people are against him." The brother of a patient in a State hospital will come to inquire if it is certain he will become insane because his brother did. A patient on parole from the hospital will visit the clinic and benefit from the visit and give an opportunity to the physician to see how he is getting along and to make suggestions to prevent a recurrence of his trouble.

It is encouraging to see people coming for consultation and treatment in mental cases nearly as frankly and naturally as they would in case of physical illness. It indicates that the public attitude toward insanity and the institutions for its treatment is slowly but surely changing for the better. Insanity is no longer looked upon as a curse and a crime, but as a disease and a disease for which to seek treatment the same as would be done in any physical illness. In many instances the breakdown can be prevented or deferred, and if the disorder is of such a nature that it inevitably will be necessary to take the patient into a State hospital, this can be learned in time and the step taken before the occurrence of tragedies such as startle communities from time to time.

To me, it is inspiring to see the New York State hospitals,

which have a total population of 35,000 patients and constitute the greatest curative undertaking in the world, pushing out into the communities in their important preventive work. This immense system is becoming socialized and really getting close to the communities which it serves. The hospitals are now seeking out the persons who are suffering from milder forms of mental disease and can be effectively treated in their homes or dispensaries, paroling convalescing patients to be looked after by their field agents and, in general, extending into the various communities the skilled care, diagnosis and treatment heretofore possible only inside the hospitals. All this is lifting the State hospitals out of their isolation, connecting them up with everyday life and making them more useful to the community. The State hospitals are not looked upon as places for patients to die in, but as places of help and healing where many are cured, others given the care and protection they will always require, and as centers of knowledge and sources of help to all who need them.

NEW LAWS AFFECTING THE STATE HOSPITAL DEPARTMENT

CHAPTER 349, LAWS OF 1916

AN ACT to amend the insanity law, in relation to powers of the commission to dispose of unused machinery.

Section 1. Subdivision one of section seven of chapter thirty-two of the laws of nineteen hundred and nine, entitled "An act in relation to the insane, constituting chapter twenty-seven of the consolidated laws," is hereby amended to read as follows:

1. Have the general oversight of the state hospitals, and the control of all the property thereof; transfer such old machinery, boilers or equipment as are not needed by the state hospital in which the same is located to some other state hospital having use for such machinery, or sell or dispose of the same or any metal or rags, in the discretion of the commission, the money received therefor to be paid into the state treasury, and see that the purposes of such hospitals are carried into effect by the boards of managers according to law.

§ 2. This act shall take effect immediately.

CHAPTER 440, LAWS OF 1916

AN ACT to amend the code of civil procedure, in relation to appointment of guardians ad litem and special guardians by supreme court.

Section 1. The code of civil procedure is hereby amended by inserting therein, after section four hundred and seventy-seven, a new section, to be section four hundred and seventy-seven-a, to read as follows:

§ 447-a. **Appointment of guardians ad litem and special guardians by supreme court without application.** The supreme court may appoint a guardian ad litem or special guardian for an infant or an incompetent person, at any stage in any action or proceeding, when it appears to the court necessary for the proper protection of the rights and interest of such infant or incompetent person and fix the

fees and compensation of such guardians, except when it is otherwise expressly provided by law.

§ 2. This act shall take effect September first, nineteen hundred and sixteen.

CHAPTER 608, LAWS OF 1916

AN ACT to amend the insanity law, in relation to changing the name of the Long Island State Hospital, and the privileges of employees residing outside the state hospitals for the insane.

This act changes the name of the "Long Island State Hospital" to "Brooklyn State Hospital" and makes the corresponding change wherever this hospital is mentioned in the law.

The act also provides that employees who are allowed to board and lodge away from the hospital on account of lack of accommodations in the institution "shall, subject to the approval of the Commission, be allowed the privileges granted to employees residing in the hospital".

The act reenacts without change the schedule of salaries and wages of employees, and provides that the rate of wages set forth in the schedule shall supersede the provisions of any other general or special law.

CHAPTER 646, LAWS OF 1916

AN ACT making appropriations for the support of government.

Pages 160-218 of this act makes appropriations for personal service and maintenance and operation of the State Hospital Commission and of the State hospitals according to the segregated plan; and pages 356-360 makes provision for repairs, construction and permanent betterments.

The following is a summary of the appropriations made for the State Hospital Department:

SUMMARY OF APPROPRIATIONS FOR 1916-1917

State Hospital Commission

Personal service:

Administration, general.....	\$	42,790 00
Bureau of statistics.....		5,000 00
Audit bureau.....		13,200 00

Collections bureau.....	\$ 11,300 00
Bureau of treasurer.....	10,780 00
Bureau of deportation.....	15,100 00
Psychiatric Institute.....	23,966 00
Purchasing Committee.....	7,844 00
Maintenance and operation :	
General office, bureaus and Psychiatric Institute..	30,619 00
	<hr/>
	\$ 160,599 00
State hospitals :	
Personal service.....	\$3,266,157 32
Maintenance and operation.....	4,012,099 00
Construction, permanent betterments and repairs..	369,220 00
	<hr/>
	\$7,647,476 32
Miscellaneous items.....	1,085 51
	<hr/>
Grand total for all purposes.....	\$7,809,160 83
Reappropriations.....	1,888 30

FOR MAINTENANCE OF STATE HOSPITALS

Utica State Hospital :	
For personal service.....	\$ 171,927 00
For maintenance and operation.....	188,859 00
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Total.....	\$ 360,786 00
Willard State Hospital :	
For personal service.....	\$ 243,760 00
For maintenance and operation.....	262,353 00
	<hr/>
Total.....	\$ 506,113 00
Hudson River State Hospital :	
For personal service.....	\$ 314,986 00
For maintenance and operation.....	421,775 00
	<hr/>
Total.....	\$ 736,761 00
Mohansic State Hospital Farm :	
For maintenance and operation.....	\$ 1,000 00
Middletown State Hospital :	
For personal service....	\$ 204,936 00
For maintenance and operation.....	240,453 00
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Total.....	\$ 445,389 00

Buffalo State Hospital :

For personal service.....	\$ 203,984 00
For maintenance and operation.....	239,601 00
Total.....	\$ 443,585 00

Binghamton State Hospital :

For personal service.....	\$ 245,370 00
For maintenance and operation.....	318,436 00
Total.....	\$ 563,806 00

St. Lawrence State Hospital :

For personal service.....	\$ 204,154 00
For maintenance and operation.....	265,597 00
Total.....	\$ 469,751 00

Rochester State Hospital :

For personal service.....	\$ 152,876 00
For maintenance and operation.....	183,449 00
Total.....	\$ 336,325 00

Gowanda State Hospital :

For personal service.....	\$ 120,385 00
For maintenance and operation.....	134,245 00
Total.....	\$ 254,630 00

Kings Park State Hospital :

For personal service.....	\$ 412,985 32
For maintenance and operation.....	519,136 00
Total.....	\$ 932,121 32

Brooklyn State Hospital :

For personal service.....	\$ 98,178 00
For maintenance and operation.....	109,972 00
Total.....	\$ 208,150 00

Manhattan State Hospital :

For personal service.....	\$ 449,942 00
For maintenance and operation.....	599,368 00
Total.....	\$1,049,310 00

Central Islip State Hospital :

For personal service.....	\$ 442,674 00
For maintenance and operation.....	527,855 00
Total.....	\$ 970,529 00

Grand total.....	\$7,278,256 32
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NEWS OF THE HOSPITAL SERVICE FOR QUARTER ENDING JUNE 30, 1916

GENERAL ITEMS

Dr. E. M. Somers, Superintendent of Brooklyn State Hospital, submitted his resignation to the Board of Managers in June, to take effect August 1, 1916. The vacancy was filled by the appointment of Dr. Isham G. Harris, formerly superintendent of the Mohansic State Hospital.

Dr. Michael Osnato, medical deputy in charge of the Bureau of Deportation, resigned June 30, 1916. Dr. Harris was appointed medical examiner and served from July 1, to August 1, 1916.

Mr. John J. Riley of Albany was appointed from the civil service eligible list to the position of general inspector on July 21, 1916.

Mr. John T. Norton of New York City was provisionally appointed butter inspector on July 1, 1916. A civil service examination for this position will be held in August, 1916.

Mr. Everitt C. Countryman was transferred from the State Industrial Commission to the position of voucher clerk in the office of the Commission on July 1, 1916.

The Purchasing Committee of the State hospitals is recognized in the appropriation bill for the current year as a separate bureau of the State Hospital Commission, and funds are directly appropriated for its maintenance. Heretofore it has been necessary to prorate the expenses of the Committee among the several hospitals.

The appropriation bill for the year 1916-1917 is planned to provide adequate funds for the maintenance of the several hospitals without the customary appropriation of the board moneys received by the hospitals. This leaves no uncertainty as to the amount each hospital is to receive, and obviates the necessity of a special appropriation in the supply bill of next year.

NEW HOSPITAL FEATURES: CONSTRUCTION, CHANGES IN CAPACITY, ADMINISTRATION, OCCUPATION, AMUSEMENTS, ETC.

UTICA

There has been no new construction at this institution during the past three months.

The capacity of the hospital as certified by the State Hospital Commission November 18, 1915, is 1,382 ; 653 men and 729 women.

On May 25, 82 men and 22 women patients attended Barnum and Bailey's circus.

A new motion picture machine has been purchased to replace one which was worn out.

HUDSON RIVER

Tile floors were laid in the male and female dining rooms in the reception hospital, replacing wooden floors which had become unsanitary.

Additions were made to the porches of cottage two and the administration part of the reception hospital, making two story porches instead of one.

There has been no change in the certified capacity which remains 1,310 men, 1,490 women, a total of 2,800.

BUFFALO

No new hospital construction was begun or finished during this quarter, nor were any appropriations for construction made by the legislature.

The capacity of this institution—1,704, remains as it has for a long time, the only addition for a number of years being the addition of 20 beds in the cottage caring for men suffering from tuberculosis.

The census on June 30 was 2,136, and there has been a steady increase for a long time, this quarter being no exception. The number on parole on June 30, viz., 63, is not included in the above.

BINGHAMTON

The new building for 300 women patients is nearly completed and will doubtless be occupied early in the coming fall; an additional 500 horse power water tube boiler is now being installed at the power plant; plans and specifications are being prepared for an addition to our laundry and its equipment, an appropriation of \$32,000 having been obtained for this purpose.

ST. LAWRENCE

Additional drying cabinets have been allowed for the laundry. Additional cement walks have been constructed.

The legislature made an appropriation for the construction of a roof over the coal pit. This will provide storage facilities for 5,000 tons of coal.

Two modern bakery ovens have been allowed.

An additional farm building has also been allowed by the legislature.

May 19-21 the students of the senior class of Syracuse University, medical department, visited the hospital. They were given instruction in psychiatry. Clinics were held at which cases were demonstrated. The methods of caring for various classes of patients were

shown and papers on psychiatric subjects were read by members of the staff.

June 19 one member of the staff and 17 employees left the hospital in response to a call from the National Guard, State of New York, for service.

ROCHESTER

Arrangements have been made to work on shares 70 acres of land, part of which is near the hospital and part adjoining the Lake farm.

No new construction is being carried on.

No increased accommodation for patients allowing for capacity change has been made.

GOWANDA

Addition to the shop building is completed. This addition is 24 feet by 90 feet and will provide a room for the mason, where cement blocks and tile will be manufactured; a varnishing room for the painter; store room for lumber; and a more suitable place for the fire departments, hose carts and hook and ladder truck.

A new vitrified grey tile floor was laid in the bakery.

Tile, for the construction of a three hundred ton silo, was purchased for the purpose of replacing two old wooden silos which are beyond repair.

Material was purchased to repair the sills on the porches of the administration building, East and West wings. These porches have been in bad condition and greatly in need of repair. Material was also purchased and the work commenced on remodeling the old green house.

Efforts are being made to afford the patients more varied amusement. In this connection the Commission allowed the purchase of various games, a victrola and records. The employees' band has given from three to five concerts each week. Moving pictures, in connection with band concerts on the lawn Friday evenings, continue to afford popular diversion.

KINGS PARK

The work of construction of the additions to Groups 2 and 3 is in progress and it is hoped that the additions will be ready for occupancy by October 1, 1916. The additions, however, can only be partly utilized due to the item of furniture being cut from the appropriation bill.

An item of \$30,000.00 in the appropriation bill, for additional funds for the construction of the employees' home, was disapproved, which has made it necessary for the State Hospital Commission, the managers and the superintendent to hold a conference with the State architect, with a view of preparing different plans and specifications.

At the refrigeration plant new ammonia heating coils have been put in. An old steam brine circulating pump has been taken out and

a new electrical motor driven pump installed. By making these changes the capacity of the refrigeration plant was increased, and at the same time the cost of the operation of the plant was reduced through the institution being able to lower the steam pressure on the lines running to the refrigeration plant. Due to the increased capacity of the refrigeration plant we were able to construct an additional refrigeration room in which to refrigerate cereals during the summer, so as to keep the cereals free of bugs and worms which develop rapidly near the seashore.

The usual recreations according to the season continue. The baseball season opened on Decoration Day. The basket ball class has been transferred from the amusement hall to the outdoor courts. The moving picture machine has been brought up to date, being supplied with all the latest attachments and, in addition, a Powers Dissolving Stereopticon has been added to the moving picture apparatus. Two sets of ten pins and half a dozen new balls have been purchased for the bowling alleys. Six new phonographs and one hundred fourteen records have recently been purchased for use on the wards, and also twenty card tables and twenty checker boards.

BROOKLYN

Ground was broken about the middle of June for the construction of two new buildings for the additional accommodation of patients. One building will accommodate about 160 patients, while the other will accommodate about 440 patients.

Tennis, basket ball and other outdoor amusements have been enjoyed during the summer. An average of 61 patients attend the occupation class, where they sew and embroider and do other light work. A tea party is held for them every Thursday afternoon. The weekly dances have been dispensed with during the warm weather.

The amusement hall and work shop have been moved from the close proximity of the main building. A new automobile truck has been put in service.

MANHATTAN

The two new buildings, the one for 200 women patients and the other for 150 men patients are well advanced toward completion. When ready for occupancy these buildings will increase our total capacity by 350 (200 female division, 150 male division).

The work on the new power house is advancing quite rapidly. The iron frame work of the building is up and the brick work of the walls has been started.

There are no special changes in administration.

Through the kindness of Mr. Dominick Buckley three entertainments have been given, one sparring exhibition and two vaudeville and moving picture exhibitions.

CENTRAL ISLIP

A deep well for supplying uncontaminated water has been sunk to a depth of 850 feet at our north colony power plant. This makes two wells of this character which we have placed in operation, and we have appropriation on hand to sink several more.

A new underground vitrified glazed steam conduit with renewal of steam pipes has been installed from the north colony power plant to the dining-room of group "D," and we have sufficient funds on hand to extend the conduit to several groups of the north colony.

A roof has been built over the front balcony of the administration building and a second story veranda and roof was erected on the front of the north colony staff house.

Extensive repairs have been made on three boilers in our south colony power plant.

There have been no changes in the capacity of the institution or administration of the hospital since the last Quarterly.

Weekly dances, with moving picture shows, and Sunday evening concerts for the patients have been given regularly as usual.

On May 30, Decoration Day, we held our field day sports on the athletic grounds in which more than 100 patients and a number of employees took part. As spectators about 2,200 patients were present and a very large number of visitors aggregating fully 1,200. It has been our custom to hold these field day sports on Decoration Day, Independence Day, and Labor Day for the past twenty years.

 NOTEWORTHY OCCURRENCES

UTICA

On Sunday evening, April 16, there was a slight fire in a linen closet in the nurses' home. But little damage was done.

During the spring, the senior class of the Syracuse Medical College had two clinics at this institution.

WILLARD

On May 5 the Willard State Hospital Committee on Mental Hygiene and After-care met at the hospital. The meeting was largely attended.

June 24, a small barn situated on the east side of the barnyard at the Lake Farm, and fortunately away from the main buildings, was discovered to be on fire and became a total loss. Four aged farm horses were kept at this barn and were also destroyed. The hospital fire department responded promptly and prevented the larger farm buildings from taking fire. The origin of the fire is unknown.

One case of measles and two of diphtheria occurred among employees. All were promptly isolated and no further cases developed. During June two cases of typhoid fever appeared—one in a woman

cared for at the tubercular pavilion; the other case that of a man employed as herdsman.

HUDSON RIVER

The hospital population was added to by a transfer of 25 male patients from the Kings Park State Hospital.

MIDDLETOWN

The graduating exercises of the school of nursing was held at the hospital on the evening of June 23. Fourteen nurses were graduated. The Board of Managers' prize to the pupil attaining the highest rating in the final examination was won by Mr. Norman H. Mallinson, his rating being 98 per cent. The address to the graduates was given by the Hon. Allen W. Corwin of the Board of Managers.

The second annual meeting and reunion of the Alumni Association was held June 6. Many of the older graduates attended and 115 participated in the banquet.

BUFFALO

On April 22, a male patient eluded the vigilance of the night watch, and committed suicide by hanging.

Clinics for those desiring advice for themselves or friends in mental diseases are maintained at the hospital, as has been the case for many years. Furthermore, the city of Buffalo has finally established a zone system with clinics in different quarters of the city in districts corresponding with the districting of the Charity Organization Society, and there is a trained physician who examines mental cases on certain days in each district.

The social service worker allowed this hospital in November last had to be discontinued because of the failure of the legislature to appropriate remuneration. Her work was of the greatest assistance in following up the condition, employment, surroundings, etc., of discharged patients and giving beneficial advice. These valuable services had to be terminated June 30.

BINGHAMTON

A quarterly conference of the State Hospital Commission with managers and superintendents was held at this hospital May 2, 1916. Material for the program was largely furnished by the hospital staff. A joint meeting of the Binghamton and Elmira Academies of Medicine was held at the hospital May 15, 1916, the papers for which were prepared by the hospital physicians. The graduation exercises of the training school for nurses were held in the assembly hall June 28, 1916, the graduating class numbering six. On May 19, 25 male patients were received by transfer from the Kings Park State Hospital to relieve the crowding in that institution.

ROCHESTER

Fifty women patients were received by transfer during June, 25 from Kings Park and 25 from the Brooklyn State Hospital.

KINGS PARK

Twelve escapes of patients are recorded as having occurred during the quarter. Of these 8 were returned prior to the expiration of thirty days; 1 was discharged to the custody of himself at the end of thirty days; 2 were granted an extension of 30 days parole and are still out; 1 still out on a 30-day parole.

On April 18, 1916, M. G., male, identification number 63,008, admitted on August 7, 1912, while working in the water section, suddenly became weak, experienced a choking sensation, sank down in a chair, and died almost immediately. The case was referred to the coroner. At autopsy adhesive pericarditis and an acute nephritis were found.

On May 18, 1916, a clinic and a tour of the hospital were arranged for a class in abnormal psychology from the College of the City of New York. Eighteen students were present together with Professor John Pickett Turner, of the department of philosophy and psychology.

On May 19, 1916, 25 male patients were transferred to the Hudson River State Hospital, and 25 more on the same date to the Binghamton State Hospital, on an order of the State Hospital Commission, to relieve the overcrowding in this hospital.

B. R., female, identification number 86,759, admitted on November 19, 1915, and classed as a case of senile psychosis, (paranoid state with deterioration) was granted a six months' parole in the custody of her son on December 12, 1915. On May 24, 1916, a letter was received from one of the patient's relatives, stating that the patient had committed suicide by throwing herself downstairs. She had not shown any suicidal tendencies either prior to admission to this hospital or during her residence here.

On June 2, 1916, 25 female patients were transferred to the Rochester State Hospital, on an order of the State Hospital Commission, to relieve the overcrowding in this hospital.

The Mental Hygiene Clinic, at the Williamsburg Hospital, in Brooklyn is progressing in a satisfactory manner. Our Brooklyn paroled patients also report at the clinic and receive any mental or physical treatment that is necessary. The average attendance each Saturday, including paroled patients, is about 20.

MANHATTAN

Eight cases of fracture occurred during this quarter.

Ten patients attempted to escape from the grounds, but were caught and returned to their wards. Two patients jumped into the river but were rescued by attendants and returned to their wards.

INDIVIDUAL ITEMS

UTICA

Miss Tibbitts, the principal of the training school, is taking a six weeks' course at Columbia College in methods of teaching.

HUDSON RIVER

Dr. Ross D. Helmer and Dr. Clarence L. Russell, assistant physicians, passed the senior assistant physician examination and are eligible for promotion.

MIDDLETOWN

During the quarter, Mr. Frank Durland of Chester, N. Y., was appointed a member of the Board of Managers to succeed the Hon. Charles L. Mead, and Mrs. Charles E. Townsend of Newburgh, N. Y., was appointed to fill the vacancy caused by the resignation of Mrs. Julia M. Cary.

Dr. Julia F. Fish, woman physician, was granted a leave of absence for six months from April 1, 1916.

Dr. William E. Kelly, assistant physician, was married to Miss Ida May Shorter of Middletown, N. Y., on June 5.

BUFFALO

Dr. Harry H. Ebberts, of Buffalo, N. Y., has been appointed a member of the Board of Managers to fill the vacancy caused by the resignation of Rev. A. V. Raymond.

On June 1, Mr. Mason C. Hutchins, Secretary of the Finance Committee, and Mr. De Mars, Secretary of the Ways and Means Committee, visited the hospital.

Commissioners Andrew D. Morgan and Frederick A. Higgins visited the hospital on June 22.

ST. LAWRENCE

June 13th—Dr. Hyman L. Levin, assistant physician, was married to Miss Bertha Waxman.

June 15th—Dr. C. Ross Miller, assistant physician, was granted leave of absence because of ill-health.

June 19th—Dr. H. J. Worthing, assistant physician, left the hospital to take up his duties with the National Guard. He is at present on duty as First Lieutenant Medical Corps, Twenty-third Regiment, National Guard State of New York.

ROCHESTER

Mr. Blanchard, supervisor, died following an operation.

GOWANDA

On May 6, 1916, Dr. John D. Zwetsch, a member of the Board of Managers, was killed in an automobile accident near the hospital buildings.

KINGS PARK

Dr. Aaron J. Rosanoff, first assistant physician, has been granted a leave of absence of five months from July 1, 1916, to take charge of a survey of Nassau County, which is to be made under the supervision of the National Committee for Mental Hygiene.

Dr. Inez A. Bentley, woman physician, has been granted a leave of absence for four months from July 1, 1916, to assist Dr. Aaron J. Rosanoff in the survey work in Nassau County.

A paper on "Diet and Dining Room Service," prepared by Mr. C. S. Pitcher, steward, was contributed as a part of a symposium as to "What Constitutes a Modern Hospital for the Insane," read at the Fifth Annual Meeting of Alienists and Neurologists of the United States, under the Auspices of the Chicago Medical Society for the Discussion of Mental Diseases in their Various Phases, held in Chicago, Illinois, June 19 to 23, 1916. This paper was read on Wednesday, June 21, 1916, and is to be published in the Institution Quarterly, Springfield, Illinois, the official organ of the Public Charity Service of Illinois.

MANHATTAN

Dr. George H. Kirby after an absence of four months in California, making a survey of the care of the insane, returned on June 1.

Mrs. Frederick Lewisohn, was appointed to the Board of Managers to succeed Mrs. Robert F. Wagner, resigned.

CENTRAL ISLIP

On April 28, Dr. Ryon, medical inspector, visited the hospital, arriving in the morning and remaining until the evening of the 29th.

On June 2, the State Hospital Commission with secretary and the medical inspector arrived at the hospital on a regular tour of inspection and remained until noon of the 3d.

On June 30, Mr. Mason C. Hutchins, Clerk of the Finance Committee of the State Legislature and Assemblyman William J. Maier, visited the hospital for the purpose of looking over our list of requirements for the coming year.

Mr. John L. Dillon, who had been one of the faithful employees for a number of years, died on April 22, of valvular disease of the heart.

Dr. Heyman has been appointed Chairman of the Board of Managers of the Suffolk County Tuberculosis Hospital.

NOTES OF IMPORTANCE ON HABEAS CORPUS CASES

WILLARD

C. J. S., on May 2, 1916, appeared before the Appellate Division of the Supreme Court at Albany, N. Y., having appealed from the decision of the Hon. George McCann in remanding him to the custody of the hospital on a former writ. The Appellate Division sustained the former ruling and he was returned to the hospital.

J. P., on June 6, 1916, was given a hearing at Cato, N. Y., on a writ of habeas corpus, before the Hon. A. P. Rich, Justice of the Supreme Court. The hearing was ordered adjourned to June 24, but

this was subsequently annulled, and the patient was remanded to the custody of the hospital.

J. P., on July 1, appeared before the Hon. George F. Bodine, County Judge of Seneca County, on return of writ of habeas corpus granted by the Hon. Irving G. Hubbs, Justice of the Supreme Court. After the hearing, patient was ordered to be returned to the custody of the hospital. These two last appearances of J. P., represent his eighth and ninth writs of habeas corpus proceedings since his admission to a State hospital in 1896.

HUDSON RIVER

Judge C. W. H. Arnold, Dutchess County Judge, upon the return of writs of habeas corpus discharged Thomas J. Payne and William W. Cavert.

KINGS PARK

J. Z., female, identification number 90,476, admitted May 2, 1916, was produced in court on May 6, and discharged; psychosis allied to dementia præcox, "improved." The husband, who was the petitioner and who almost immediately procured the writ, did not seem to realize that, had he applied to the hospital authorities, the patient would have been paroled or discharged to his custody as she had shown no dangerous tendencies at any time.

A. S. H., male, identification number 77,745, admitted August 29, 1914, was produced in court on May 18; decision was reserved, the patient being in the meantime remanded to the hospital. In this case the patient's parole or discharge to the custody of relatives had been urged by the hospital but could not be effected owing to the relatives' refusal; the hospital authorities have, however, at no time felt justified to discharge the patient to his own custody contrary to the wishes of the relatives. He was discharged by the court on June 27; paranoic condition, "improved."

MANHATTAN

On the 22d day of June in the case of Annette W. Van Baren, admitted September 14, 1914, a writ was received at 9.45 a. m., returnable at 10.30 same day. Patient was hastened to court, but the writ was dismissed and patient returned to the hospital. During the court proceeding the patient assaulted her mother who was the petitioner for the writ.

CENTRAL ISLIP

One of our women patients, M. M., was ordered produced in court on a writ of habeas corpus on June 19. Although this woman was actively insane, the court discharged her from the hospital and placed her in the custody of her counsel to be returned to the court on the second Tuesday in August.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

Allen, Dr. Edwin, clinical assistant in Manhattan State Hospital, resigned June 30, 1916.

Blossom, Dr. Harry S., assistant physician in Middletown State Hospital, resigned June 21, 1916, to accept a similar position in the Southern California State Hospital at Patton.

Cooley, Dr. Raymond L., medical interne in St. Lawrence State Hospital, resigned April 19, 1916, and was appointed assistant physician in the Kings Park State Hospital, April 21, 1916.

Krauss, Dr. Ella E., temporarily appointed woman physician in Middletown State Hospital, April 10, 1916.

Meeker, Dr. Jay E., medical interne in St. Lawrence State Hospital, promoted to assistant physician, April 1, 1916.

Pringle, Dr. Cyrus E., temporarily appointed assistant physician in Buffalo State Hospital, May 20, 1916.

Regan, Dr. Louis J., medical interne in Utica State Hospital, promoted to assistant physician, April 1, 1916.

Rexford, Dr. Homer I., appointed medical interne in Willard State Hospital, June 1, 1916.

Rogers, Dr. Arthur G., Jr., appointed medical interne in Willard State Hospital, June 14, 1916.

Schmitz, Dr. Walter A., medical interne in Middletown State Hospital, promoted to assistant physician, April 11, 1916.

Siskind, Dr. Abraham, assistant physician in Manhattan State Hospital, resigned June 10, 1916.

Vetter, Dr. George V., medical interne in Rochester State Hospital, resigned May 1, 1916, to take up private practice.

Watson, Dr. C. L., assistant physician in Binghamton State Hospital, resigned June 30, 1916.

Witzel, Dr. August E., appointed medical interne in Utica State Hospital, June 7, 1916.

BIBLIOGRAPHY OF THE OFFICERS IN THE STATE HOSPITAL SERVICE

WILLARD

ROBERT M. ELLIOTT, M. D., superintendent.

"Remarks on After-Care and Dispensary Work." Delivered before the Willard Committee on Mental Hygiene and After-Care, May 5, 1916.

WM. H. MONTGOMERY, M. D., senior assistant physician.

"General Paresis." Read before the Steuben County Medical Society at Corning, N. Y., on May 30, 1916.

HUDSON RIVER

CHARLES W. PILGRIM, M. D., superintendent.

"The Difference between Dotards and Cases of Senile Psychoses." Address at the annual conference of the State Society of County Superintendents of the Poor.

BUFFALO

HELENE KUHLMANN, M. D., woman physician.

"The Sterilization of the Insane." Paper read before the Women's State Medical Association in Saratoga, May 15, 1916, to be published in the *Women's Medical Journal*.

BINGHAMTON

CHARLES G. WAGNER, M. D., superintendent.

"The Reception, Examination and Care of New Admissions." Read before the 72nd annual meeting of the American Medico-Psychological Association, held at New Orleans, April 4-7, 1916. This paper was also read at a joint meeting of the Binghamton Academy of Medicine, and the Elmira Academy of Medicine, held at the Binghamton State Hospital, May 15, 1916.

Report of the 72nd annual meeting of the American Medico-Psychological Association. Read at the quarterly conference of Managers and Superintendents with the State Hospital Commission, held at the Binghamton State Hospital, May 2, 1916.

THEODORE I. TOWNSEND, M. D., first assistant physician.

"The Wet Pack, with Demonstration." Read before the Binghamton and Elmira Academies of Medicine at a joint meeting held at the Binghamton State Hospital, May 15, 1916.

EDWARD GILLESPIE, M. D., senior assistant physician.

ROSS MCC. CHAPMAN, M. D., senior assistant physician.

"Brief Resumé of what has been done and what is to be done for the Prevention of Insanity." Read at a joint meeting of the Binghamton and Elmira Academies of Medicine, held at Binghamton State Hospital, May 15, 1916.

ROSS MCC. CHAPMAN, M. D., senior assistant physician.

"The State Hospitals and Their Relation to the Community." Read at the quarterly conference of the State Hospital Commission with Managers and Superintendents, held at the Binghamton State Hospital, May 2, 1916.

"Early Mental Manifestations and Prophylaxis." Read before the Susquehanna Valley Medical Society, at Afton Lake, June 29, 1916.

WILLIAM J. TIFFANY, M. D., senior assistant physician.

"The Function of the Pathological Laboratory in the State Hospital Service." Read at the quarterly conference of the State Hospital Commission, held at the Binghamton State Hospital, May 2, 1916.

WILLIAM J. TIFFANY, M. D., senior assistant physician.

RODNEY R. WILLIAMS, M. D., assistant physician.

"The Clinical and Pathological Findings in Cerebral Arteriosclerosis." Read before the Binghamton and Elmira Academies of Medicine at the Binghamton State Hospital, May 15, 1916.

BURT E. NELSON, Ph. G., chemist.

"The Laboratory in its Relation to the Purchase of Supplies." Read at the quarterly conference of the State Hospital Commission with Managers and Superintendents, held at the Binghamton State Hospital, May 2, 1919.

ST. LAWRENCE

RICHARD H. HUTCHINGS, M. D., superintendent.

Course of Lectures on mental diseases, Medical Department Syracuse University, April, 1916.

"The State and the Insane." Read before the American Academy of Medicine, Detroit, Mich., June 10, 1916.

PAUL G. TADDIKEN, M. D., first assistant physician.

"The State Hospital and the Community." Vice-president's address, St. Lawrence County Medical Society, May 9, 1916.

HYMAN L. LEVIN, M. D., assistant physician.

"Heredity and Eugenics." Public lecture in Yiddish at Jewish Community Building, Buffalo, N. Y., January 6, 1916.
(By oversight this was not reported to the last QUARTERLY.)

HUGH S. GREGORY, M. D., assistant physician.

"The Value of the Wassermann Reaction in Psychiatry." Read before the Ogdensburg Medical Society, April 18, 1916.

JAY E. MEEKER, M. D., assistant physician.

"Spinal Anesthesia." Read before the Ogdensburg Medical Society, May 16, 1916.

IDA J. ANSTEAD, director of nursing.

"Problems and Possibilities in State Hospital Training Schools." Read before National League for Nursing Education, New Orleans, La., June 5, 1916.

KINGS PARK

AARON J. ROSANOFF, M. D.

"Handicaps from the Past: Heredity as a cause of Mental Disease." Read before the East Side Y. M. C. A., New York City, on April 11, 1916.

"Heredity in Relation to Mental Disease." Read at a public meeting held at the Grafton State Hospital, Worcester, Mass., on April 21; also at the fifth annual meeting of Alienists and Neurologists of the United States, at Chicago, on June 19.

MANHATTAN

ERNEST M. POATE, M. D.

"Management of the Exhaustive States." Read before the Ward's Island Psychiatric Society, May 19, 1916.

FRANCIS E. WEATHERBY, M. D.

"A Case of Traumatic Aphasia." Read before the Ward's Island Psychiatric Society, May 19, 1916.

WILLIAM H. MASON, M. D.

"The Advance Made in the Use of the X-Ray as a Diagnostic Aid." Read before the Ward's Island Psychiatric Society, April, 1916.

PSYCHIATRIC INSTITUTE

AUGUST HOCH, M. D., director.

"The Problem of the Syphilitic Psychoses." Read before the New York Neurological Society, April 4, 1916.

"Study of Benign Stupor." Read before the New York Psychiatric Society, May 3, 1916.

"On the Medical Work in the Hospitals in Relation to the Statistics." Read at the quarterly conference of the State Hospital Commission with the Superintendents, Binghamton, May 2, 1916.

"The Dementia of the Cerebral Arteriosclerosis." Read before the American Psychopathological Association, Washington, D. C., May, 1916.

JOHN T. MACCURDY, M. D., assistant in psychiatry.

"Juvenile Delinquents who are Not Feeble-Minded." Read at the New Jersey Conference of Charities and Corrections, Hoboken, May 1, 1916.

"Embryology of Dreams." Read before the American Psychoanalytic Association, Washington, May 10, 1916.

"Epileptic Dementia." Read before the American Psychopathological Association, Washington, May 11, 1916.

STATE HOSPITAL COMMISSION

HORATIO M. POLLOCK, Ph. D., statistician.

"The Prevention of Insanity Caused by Alcohol and Syphilis." Read before the New York City Conference of Charities and Correction, May 25, 1916.

"Annual Statistical Review of the Insane in the State Hospitals and Private Licensed Institutions." Published in the Commission's Annual Report for 1916.

MINUTES OF QUARTERLY CONFERENCE

MAY 2, 1916

Minutes of Quarterly Conference of State Hospital superintendents and representatives of the State Hospital Commission, held at the Binghamton State Hospital, May 2, 1916.

Present—

JAMES V. MAY, M. D., Chairman, State Hospital Commission.

ANDREW D. MORGAN, State Hospital Commissioner.

FREDERICK A. HIGGINS, State Hospital Commissioner.

EVERETT S. ELWOOD, Secretary State Hospital Commission.

WALTER G. RYON, Medical Inspector for the State Hospital Commission.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent.

Hudson River State Hospital, CHARLES W. PILGRIM, M. D., Medical Superintendent.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent; THEODORE I. TOWNSEND, M. D., First Assistant Physician; EDWARD GILLESPIE, M. D., Senior Assistant Physician; WM. J. TIFFANY, M. D., Senior Assistant Physician; ROSS MCCLURE CHAPMAN, M. D., Senior Assistant Physician; ELOISE WALKER, M. D., Woman Physician; EDWARD S. GRANEY, Steward; Miss LAURA A. BEECROFT, Principal of Training School.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent.

Rochester State Hospital, EZRA B. POTTER, M. D., First Assistant Physician.

Gowanda State Homeopathic Hospital, CARL VON A. SCHNEIDER, M. D., First Assistant Physician.

Mohansic State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Kings Park State Hospital, WM. AUSTIN MACY, M. D., Medical Superintendent.

Long Island State Hospital, ELBERT M. SOMERS, M. D., Medical Superintendent.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. SMITH, M. D., Medical Superintendent; M. B. HEYMAN, M. D., Assistant Superintendent.

Matteawan State Hospital, JOS. W. MOORE, M. D., First Assistant Physician.

AUGUST HOCH, M. D., Director of the Psychiatric Institute.

JOHN M. QUIRK, M. D., Manager of the Willard State Hospital.

Mr. WILLIAM H. ROGERS, Manager, Middletown State Homeopathic Hospital.

Mr. MERRITT J. CORBETT, President, Board of Managers, and Mr. WILLIAM H. HECOX, Manager of the Binghamton State Hospital.

Rev. JOHN C. YORK, and ALLIE A. ROGERS, Managers of the Kings Park State Hospital.

Mr. CHARLES V. FORNES, Manager of the Manhattan State Hospital.

The conference was called to order at 10.45 a. m. by the Chairman, Dr. James V. May.

Dr. MAY: Ladies and Gentlemen: You will notice that we are going back to-day to an old custom and, I think, a most excellent one, of having an occasional quarterly conference held at a State hospital instead of at Albany.

This will give the managers and others who care to do so an opportunity to look over the institutions and to see the work being done at other hospitals than their own. We are making a slight departure also in leaving the program very largely in the hands of the Binghamton State Hospital staff. I think that we have been somewhat negligent heretofore in not devoting more attention at the conferences to the work of the hospital staffs; and I am quite sure that the contributions that will be made to-day by the members of the Binghamton staff will be of great interest to all of you.

The first paper on the program, as you will note, is that by Dr. Wagner, superintendent of the hospital, a "Report on the Annual Meeting of the American-Medico Psychological Association at New Orleans." Very few of us were able to attend this meeting. You are also undoubtedly aware of the fact that at the meeting, Dr. Wagner was elected president of this association.

Dr. WAGNER: Mr. Chairman, Ladies and Gentlemen: Before presenting this report on the New Orleans meeting,

I desire to express my thanks to the Commission for having arranged for the holding of this conference here at Binghamton. We regard it as a great honor to this institution to have a conference held here at any time; but to have this conference, which in a way, signalizes the completion of the chairman's work in the State of New York, held here at this hospital, has filled us with a profound sense of obligation to the Commission.

In bidding you all welcome, I would like to say that we are now about finishing a new building for patients which represents to some extent, perhaps, the most modern, the latest type of construction. It is practically a fireproof building for 300 women patients, connected with our large building, Broadmoor; and we would be very glad to have you inspect this building while you are here. We would be pleased to have you see our laboratory, our farm and the hospital grounds generally. The keys of the institution are in your hands to go anywhere and everywhere you please, and I am glad we have this favorable weather so that you may enjoy your stay here to the fullest possible degree.

This afternoon, at the conclusion of the conference, we shall have automobiles available for visiting the grounds, the farm and the surrounding country. We have 1,363 acres of land, more than 200 head of cattle, and everything else for farming on a rather large scale.

After the recess at 12.30, we shall have luncheon served in the dining-room on the floor below, to which you are all cordially invited. I would like to mention another feature of this conference. Some of the superintendents conceived the idea a few days ago that it would be fitting to have a little stag dinner at the Arlington Hotel at 7 o'clock this evening, to be attended by friends of Dr. May, at which he and his fellow Commissioners should be their guests. Then it was suggested that possibly some of the managers present might desire to attend the dinner, so we have decided to invite those who would like to attend to be present. The dinner will be served in the Arlington Art Gallery, and the charge will be \$5.00 per plate. If any of our visitors, therefore, have \$5.00, that they wish to contribute to this occasion,

I am sure they will find it a very enjoyable affair and a good investment. I am obliged to inform the hotel manager at 12 o'clock to-day just how many will attend the dinner and I would, therefore, like to have all who desire to be present, acquaint me with that fact before that hour.

Now, as regards this report I am to make on the New Orleans meeting, I want to say that not having the notes of the stenographer available, nor having him at my elbow, I have had to rely largely on my memory, and upon information which I obtained through correspondence with him, so the report will be brief.

I wish to say with regard to the papers that will be read by members of the hospital staff, that it is barely a week ago that the chairman of the Commission telephoned me to ask if members of the staff would prepare papers on subjects that he would suggest. I told him that they would be willing to do anything within reason, and he stated that he would send on the list of subjects by mail. This list came in due time and the staff "got busy." You will see, therefore, that we have had but a week to do this work, so if the papers show any shortcomings kindly bear that fact in mind.

(Dr. Wagner's report is printed on pp. 255-261 of this issue.)

Dr. MAY; Is there any discussion of this very interesting report of Dr. Wagner's or any questions any one would like to ask? If not, we will proceed to the next paper which will be read by Dr. R. M. Chapman, "The State Hospitals and their Relation to the Community." This is a subject of very great interest and importance and one that has not received sufficient attention. I think there is room for considerable development along the line of work which Dr. Chapman will discuss this morning.

(Dr. Chapman's paper is printed on pages 262-271 of this issue.)

Dr. MAY: We are indebted to Dr. Chapman for a paper which you will agree has been a very interesting one. I think you will realize fully that the Commission appreciates and has appreciated the necessity of going further into the field of prevention and after-care work; and the one reason

it has not been developed more fully is the constant lack of funds; for this we must apologize and I fear that this in future as in the past will continue to cause an interruption to our progress along this line.

The State Charities Aid Association has devoted a great deal of time and attention to the matters under consideration and as Mr. Hastings of the Association is present, I will ask him to open the discussion on this subject.

Mr. GEORGE A. HASTINGS: Mr. Chairman—I have listened with a great deal of interest to Dr. Chapman's suggestive and stimulating paper. The relations between the State hospitals and communities have a very important bearing upon the movement for the prevention of insanity. The relations between institutions and communities are constantly growing closer. As a result the communities are awakening to a sense of responsibility for the protection of the mental health of their citizens, and the hospitals are becoming centers of prevention as well as places providing high class care and treatment.

I have come here to-day in anticipation of hearing reports of out-patient department work done by the various institutions within recent months. And in this connection I may say that yesterday I had a conference with Miss Durkee, Director of the Division of Public Health Nursing of the State Department of Health, who desires to have an arrangement of co-operation between the public health nurses of the State and the field agents of the various State hospitals.

Miss Durkee has under her jurisdiction and supervision some 260 public health and visiting nurses. She is eager to have this body of trained workers do something in the field of mental hygiene. She authorized me to state to this conference to-day that the State Department of Health is willing to have these nurses co-operate with the State hospital field agents. The nurses comprise a group which is thoroughly familiar with conditions in the cities and rural districts of the whole State. The State Department of Health is willing to have these nurses visit patients who have been discharged or paroled from the hospital to their own homes. They will make a duplicate report of such

visits, sending one copy to the health officer of the community and the other to the field agent or the superintendent of the State hospital. Such an arrangement undoubtedly will save a good deal of time and expense for the various field agents. I would like to hear an expression of opinion from the superintendents as to the advisability of such co-operation.

Dr. PALMER: Mr. Chairman—In regard to the after-care work I want to say that we have rather recently appointed an after-care agent. This agent is a woman, as I believe is the case in most instances. Prior to the appointment of this agent, we had relied upon written reports from the family physician or some member of the family of the patient. In many instances if the patient did not reside at too great a distance from the hospital we had been in the habit of requesting him to come to the hospital personally at the end of each month, the idea being to talk with him and re-parole him, and if he continued to do well to discharge him. From conversation with other superintendents, I believe this method has come to be almost the invariable practice before patients are discharged from the hospital; a procedure contrary to the custom of a few years ago.

Since appointment, our after-care agent has been sent to look after the cases who can not easily return to the hospital; those who live at some considerable distance from the institution. Up to the present time she has not made many reports. Nevertheless, in two or three cases she has made reports which have been of very great benefit to us in the after-care treatment and advice to the case. As time goes on we expect to find that the services of the after-care agent will be of very great use to the hospital and, of course, of very great service to the patient.

Dr. ELLIOTT: Mr. Chairman—The Committee on After-Care and Mental Hygiene at Willard was established about nine years ago. This committee consists of fourteen members, voluntary workers, who are appointed by the State Charities Aid Association. Two meetings are held by the committee at the hospital each year, one in May and one in

October; and at these meetings matters relating to patients who have been discharged or paroled are discussed, and reports are made by individual members of the committee on patients who have come under their observation after leaving the hospital. The patients in the hospital from the localities in which the members reside are also visited at these semi-annual meetings. The reports which they give in the presence of the resident staff at the hospital concerning patients who have been discharged or paroled, are of much interest to the physicians. Practically all patients paroled or discharged are referred to this committee through its secretary. Visits are made to the homes of the patients by the individual members and correspondence is also conducted with the family in some instances. We have no paid agent at Willard as yet. I should not neglect to state that the existence of this After-Care Committee and the work it is doing offsets in a large measure the need for a paid agent. We hear occasionally of isolated cases which have been selected as examples illustrating the benefits accruing to some of the patients at the hands of paid agents. The records of the Willard Committee show many instances of service which could not have been done better, or even as well, by a paid professional worker in this line. In many instances employment and homes have been provided through the influence of members of this committee in their respective localities. I doubt if this has been fully appreciated by the authorities at Albany.

The circular letter which was issued some time ago by the State Hospital Commission with regard to the employment of paid agents, and the establishment of dispensaries in the various towns in the hospital district, stated that it would be advisable to communicate with Dr. Howard and find out how the work was being done at Rochester. Now, of course, conditions vary so much at the different hospitals that what would be feasible or practicable in a place like Rochester would not be practicable in a place like Willard, owing to the location of the hospital and the character and nature of the district. Unfortunately, the appropriations for the coming year have been made in such a way that new

positions can not be created, neither can we change the title of any existing position. That is the rather unfortunate result of a segregated budget. To go into this work on an extensive scale such as has been suggested by Dr. Chapman's paper, or as was suggested in the Commission's circular letter, would require an expenditure probably of about \$5,000 annually in a district like Willard. It would take practically the whole time of one physician and one social worker, and traveling expenses would be relatively high, as compared with Rochester or Buffalo. The homes of many of our patients are remote from railroads, and long drives are frequently necessary in getting patients to the hospital, which would apply also to the work of an after-care agent.

Dr. PILGRIM: Mr. Chairman, Ladies and Gentlemen: We have had a social worker now for the past three or four months and I am very much pleased with the work she has been doing. The time she has been engaged in this service has been too short to permit me to give you a report of any definite results. I am quite encouraged, however, and feel that the outlay which we are incurring—we are paying her the wages of a special attendant—is justified. That arrangement, I should think, could be carried out at any of the hospitals. In the new budget we have asked for a certain number of special attendants, and it is quite easy to assign one to perform the duties of a social worker, without increasing very much the expenses of the institution.

In regard to the clinic that has been going on for something over a year at Poughkeepsie, I would say that one of our assistants goes to the office of the City Board of Health every Monday evening and sees there, on an average, from two to six patients, about as many as he can attend to in that time considering the attention which should be given to this class of patients. Most of these cases, or a great many, are young children who are examined by the Binet method; also quite a number are narcotics. Some of them we are quite sure have been benefited by the advice that has been given them. I am gratified to say that during the last four months the attendance has increased considerably,

so that during that period we have had as many patients as we had during the whole previous year; and I am quite sure that the work will steadily grow. It is meeting with the approval of the local physicians even though in some cases it takes patients away from them. We hope to open an additional dispensary at Hudson in the near future as soon as our staff is increased, and I am sure we shall also do some good work up there.

Taking it, all and all, I am very much pleased with the work that has already been done.

Dr. ASHLEY: Mr. Chairman—At Middletown, in compliance with the instructions contained in the circular letter of the Commission last fall, we made an effort to secure a social worker under special attendant's compensation. We offered the position to several nurses, graduates of the hospital training school of our institution, who refused it on the ground that the duties called for were a great deal harder than were required in taking charge of a large ward and did not pay so much; we finally succeeded in getting a most excellently trained individual from the State of Massachusetts, one who had taken a course in a psychiatric clinic in Boston and seemed eminently qualified for the work. She accepted the compensation of \$35.00 per month, with the understanding that there was a likelihood of an increase in the compensation; but we have recently awakened to the fact that not only is no increase possible in this compensation, but it will not be possible to pay even \$35.00 per month to her after July 1.

I am not quite so optimistic as Dr. Pilgrim as to the possibility of paying wages for this position from a general special attendant appropriation. It seems to me that the positions in the budget are all specified in such a way as to make this impossible. We inserted an item in the budget for temporary services, but no appropriation was made under this heading. The individual is kept busy, is covering our district, and sees every patient who is home on parole, making a report to me not only as to the condition, but as to the environment, and concerning other members of the family. When she is at the hospital we require her to see

every friend who calls upon a patient; to become acquainted with every patient before he leaves the hospital; and to devote her whole time to the work. We feel that she has accomplished a great deal of good and has furnished the hospital with much important data concerning patients and their environment that we could not get otherwise. I think the social worker is a very useful medium between the hospital and the community, and I trust there may be some way of continuing the services of ours.

As to the Mental Hygiene Committee, appointed by the State Charities Aid Association, ours consisted of five members. Two of them have died, and there is little activity on the part of the others. We have a district of rural communities. I think our patients are better off than those in the cities, or perhaps in other parts of the State. They come from the homes of farmers and, generally speaking, are not in need of after-care assistance.

Dr. HURD: Mr. Chairman: The Buffalo State Hospital has been enjoying the services of a social worker or after-care agent for the past four months and we have been especially well pleased with the results. I have here some reports made by this agent; one covering two cases carefully investigated by her, the other a report of work done during the months of December, January, February, March and April, from which I will condense a few of the leading points.

A REPORT OF TWO CASES.

CASE NO. 1. *Nellie Malone*: Born January 24, 1887. Age 29. Married. Admitted to Buffalo State Hospital June 1, 1914. Paroled August 30, 1914. Discharged recovered, September 30, 1914. Diagnosis, manic-depressive, depression, second attack.

December 20, 1915. Visited at 98 Front Ave. No one answered door.

January 12, 1916. Again visited 98 Front Ave. and found that patient had moved about six months ago. Learned from a neighbor that she had moved to 16th St. but number was unknown.

January 14, 1916. Looked in directory and found patient's address.

February 4, 1916. Visited patient at her home, 333 14th St., and found her looking well but very much discouraged. Cried at seeing me and immediately began telling me her troubles. It was evident that she was pregnant. Said her husband was working, but only

earned ten dollars a week, and patient has four children and is trying to pay bills due since her last visit to hospital. Asked to see the children, whom she called in from out of doors. I observed that they were very much in need of shoes and clothing, and this was also worrying her. I talked with patient and tried to show her a way out of her difficulty.

February 10, 1916. I succeeded in getting some friends interested in the family, and they collected some old clothing for the children.

February 15, 1916. Took clothing to patient and it was gratefully received. There were coats, suits, underwear, and one pair of shoes. These few clothes seemed to relieve her anxiety a little, and she was a little more encouraged. I advised her to have her husband inform their pastor of their circumstances, and he would surely help them in some way.

February 26, 1916. Visited patient and found her doing better; seemed more cheerful. The husband had applied to the pastor and received an order for a pair of shoes for each of the children. I also took them some fruit and jellies which had been donated by the friends who supplied the clothing mentioned above.

March 9, 1916. Visited patient again and found her depressed. At husband's place of employment there had been a strike. Patient had not supplies enough to last a week. I advised her to apply to the superintendent of the poor, but she did not feel like humiliating herself in this way. However, I tried to make her think differently about the matter, and she finally agreed to have her husband call and solicit aid from the superintendent of the poor. I also advised her about going to the hospital when the time for her confinement arrived.

March 17, 1916. Received a card from patient, and judged from same that she was more cheerful.

April 7, 1916. Visited patient and found her very much discouraged, as one of the children had very sore eyes. I procured some boric acid, and prepared a solution, and showed patient how to apply same in order to treat the eyes correctly. I also talked with her about her own condition, and she stated that she did not like to go to the city hospital, but would rather go to St. Mary's Hospital. Then she worried about the financial part of it. I asked her if she thought she could pay a little each week, after she was well, and this plan seemed to please her very much, if they would allow her to do so. I offered to help her, told her not to worry, to brace up, and keep on improving. I reported the condition of the child's eyes to Dr. Hurd, and he at once wrote to the Charity Organization, who sent a district nurse to look after the case.

April 10, 1916. Patient seemed to be getting along very well. Said her husband had started to work again and the bills would now be paid, she hoped. Just as I was leaving, a collector from the gas company called and stated that unless the gas bill were paid he would be compelled to shut off the gas. I called agent aside and explained

the circumstances, but he persisted in the threat to shut off the gas. I said I would phone to Mr. Hardman and ask him to run the bill until the next month. Everything terminated satisfactorily for the present.

April 25, 1916. Patient seemed very well, but was again in trouble. The woman up stairs, who had promised to take care of the children, had changed her mind. Said she would help care for them, in case of patient's illness, if patient remained at home, but that she was not very well herself. Patient's mother also influenced her about remaining at home. Patient said she thought she could manage things at home, even if she were in bed, better than she could if at the hospital. She then cried and said she had no way of paying a doctor. "Sometimes I think I ought to be back at the hospital, as I am causing you so much trouble, but God help me, I want to stay at home." I told her not to worry, that I would try and see if we could get a city physician. She was very grateful and thanked God she could remain home with her children.

April 26, 1916. I applied to the superintendent of the poor for an order for a city physician, which I obtained and took to the physician. He said he would call the following day.

April 26, 1916. Visited patient and told her everything was favorable, and she must not worry any more.

CASE NO. 2. *Agnes Barry*: Date of birth unknown. Age 33. Married. Admitted to Buffalo State Hospital November 24, 1913. Paroled February 21, 1914. Discharged recovered, August 21, 1914. Diagnosis, allied to dementia præcox, paranoid form.

December 21, 1915. Patient's husband reports to hospital that patient was neglecting her children and home.

December 22, 1915. Dr. Fletcher gave me patient's name and address and told me to look up the case, and discover what the trouble was.

December 22, 1915. Visited at patient's home, 395 Baynes St., but was unable to gain admission. I inquired at the upper flat if they knew if Mrs. Barry was at home, and they stated that she was, but would not allow any stranger in her house. When I asked the reason for this they remarked "You know she is crazy." I talked with the neighbors for a short time, and they said she pounded the walls and knocked on water pipes at all hours of the night. They also said her husband was very abusive to her, and swears at her and uses vile language.

December 22, 1915. (2 p. m.) I tried to locate patient's husband at the car barns where he works, but he had just gone down town. I reported the situation to Dr. Fletcher.

December 24, 1915. Visited patient and found back door open so I walked in. Patient became very excited when she saw me, at first thinking I had come to take her back to the hospital. I talked with her and she finally became more quiet. Asked what the trouble was,

if she was feeling sick, she said she was not sick. Asked if anything was annoying her, said "Yes, that the terrible sound was wearing her out." Asked if there was anything else, she said the neighbors were all talking about her. She also heard her family physician talking to her. Said her husband was immoral. Talked in an excited manner for about fifteen minutes. After she became quiet I advised her to come and have a talk with the doctor, and she remarked that she was afraid they would keep her there and that would mean separation from her children. I noticed that the children looked very much neglected, also the home, and I knew that I could not do much with patient that day in regard to the household duties.

December 27, 1915. This evening the owner of the house occupied by patient informed Dr. Gorrill that he was going to put them out as one of the neighbors had complained.

December 28, 1915. Received the above message from Dr. Gorrill, who instructed me to visit patient and try to adjust matters.

December 28, 1915. Called on patient and found her more quiet. Seemed more reasonable and acted quite rationally. Was sitting by the stove. The house was still dirty and soiled clothing was lying around. I assisted her in gathering up the clothing and told her to get the boiler and put it on the stove, so she could wash. I could see that if she were kept busy it would help her. She promised she would wash the clothes. The day previous the little girl had run against the stove and burned herself. I dressed the burn and told mother I would call again. As I was coming out of the house I met the landlord, who informed me he had sent for a policeman to put the family out. I saw the policeman coming, and as I was sure this would upset patient, I talked with landlord, but he persisted in saying he would put them out. I told him that if he would give them one more chance I was sure they would move as soon as they could secure another place. I also explained circumstances to the policeman and he withdrew, leaving me to reason with the landlord. The landlord remarked that the child had burned her hand, and seemed to censure the mother for the accident, but I assured him that this was liable to happen anyway, even with a good careful mother. He answered, "Well, if you say they will move, I will let the trouble rest, and let you settle it."

December 28, 1915. In the afternoon I went back to patient's home and found her washing and doing just as she had promised. Husband had not yet returned.

December 29, 1915. Visited patient and found her washing. House was more tidy and patient more quiet. I met the landlord and he again insisted upon putting them out. Asked him if they were prompt in paying their rent, and he informed me that they were. I finally persuaded him to wait a while until they had found another place.

December 30, 1915. Visited patient and advised her to take a walk every day after she had done her house work. She said she had no

rubbers and the children were also in need of same. I saw the husband, who promised to procure rubbers for them. House was much more tidy and children looked clean.

December 31, 1915. Visited patient and she was nursing her eighteen months old child. I told her she was doing very wrong and persuaded her not to do so. I tried to show her that she was losing in weight and that this was causing her nervous condition. Husband then arrived and we both talked to patient, who promised that she would not nurse baby again. She showed me the rubbers she had bought. Said she had been going to the store for her supplies, herself, whereas, she had been accustomed to sending the boy upstairs for them. The husband said she was changing, and that the previous night they had the best sleep they had had in eight months, as patient was quiet. I advised them to move.

January 5, 1916. Patient seemed more cheerful. Patient had not nursed her child, and breasts seemed a little distended. I showed her how to massage them, and she promised to do so. Seemed much better but was still hearing voices.

January 10, 1916. Patient's improvement continued. Gained in weight and said she did not hear voices as much as she did.

January 19, 1916. Patient complained of headache. I instructed her about her bowels. Seemed more irritable and excitable and a little stubborn. I advised her to take a dose of oil when her husband came home. This she said she would do.

January 20, 1916. Visited patient and found soiled clothing lying about. Advised her to wash same. Prepared to do so. Seemed a little better.

January 20, 1916. Returned and saw that patient was washing and seemed to be doing nicely. Said they were looking for a flat. Children were tidy.

January 22, 1916. Met patient's husband, who said his wife was doing nicely and he expected to rent a flat near her brother.

February 1, 1916. Called at patient's home and found they had moved.

March 10, 1916. Talked with a friend of patient, whom I met, and she said patient was doing well, that she had seen her down town and she was living near her brother.

REPORT OF AFTER-CARE WORK FOR THE MONTH OF APRIL, 1916.

Visits made to patient's homes.....	39
Visits made to the hospital by paroled and discharged patients	20
Letters and cards referred to agent.....	3
Letters and cards sent by agent.....	0
Telephone messages received.....	6
Telephone messages sent.....	4

Paroled patients employed.....	8
Visits by physicians to paroled or discharged patients...	0
Voluntary admissions.....	5
Emergency admissions.....	14
Health Officers certificates.....	0
Readmissions.....	7
Total on parole last day of month.....	77
Daily average parole.....	78 $\frac{4}{30}$
Average since October first.....	71 $\frac{175}{213}$
Discharged from six months parole.....	17
Total discharged to go to their homes and elsewhere....	24
Remarks	

Respectfully submitted,

ANNA LOUGHLIN,

After-Care Agent.

Our agent has been exceptionally valuable and her work has shown in actual dollars and cents. She has saved the State a considerable amount in keeping patients who have been at home from returning to the institution. You will observe that she has made from 39 to 50 visits a month and there were also as many made to the hospital. She has especially looked after the patients absent on parole. In the two cases reported here it will be seen that visits to the family were of value and that difficulties would not have been found out if we had not sent her to visit the patient at her home. The difficulties described by her would probably have so preyed upon the patient in each case that she would have been back with us within a short time.

I will mention a matter which has some connection with the question under discussion which may be of general interest to the members present. Four years ago we took great interest in Buffalo in the passage of the Inebriate Bill. One of the greatest and most constant sources of anxiety and discouragement on our part was to know what advice to give physicians who called upon us to take care of the chronic inebriates and drug cases, especially those without sufficient means to pay for their maintenance. Of course, those with sufficient means had no trouble as they could be cared for in private institutions. That, however, did not apply to the greatest number of cases. Now, New York City has an hospital for acute cases, chronic and con-

valescent cases being sent from the city up to the newly established farm at Warwick, which is intended for those who can be put to work. We tried to have this in Buffalo and to get under this law. We had a committee consisting of Mr. Almy, head of the Charities Organization Society, Herbert Lee, the assistant district attorney, Judge Brennan, and quite a number of representative citizens who at that time planned to have a municipal hospital for the reception of cases in the city, while the county would establish a farm in the country. We failed then but within a short time we have had established a psychopathic reception hospital in the city, and the county has, under the enlightened urging of Commissioner of Charities Hunt, established a farm in the country for prisoners where really wonderful things are being accomplished by and for them through their being put to work on road building and other manual labor. The city has the acute hospital for inebriates and the county has a farm for those who can be benefited by out-door life. Our committee is now trying to arrange a plan of co-operation by which the county will send their acute cases to our acute hospital and the city will send its physically strong cases to the county farm, and I am sure in this way considerable good will result.

Most of our difficulties in replying to inquiries are those relating to the disposition of feeble-minded girls. We are obliged to answer these inquiries with the statement that sufficient provision has not been made for them. But as to cases of inebriates we have made a start to solve the problem for Buffalo and I hope it may prove an example for the rest of the State.

The CHAIRMAN: Dr. Howard is, unfortunately, unable to be with us on account of illness, and we will ask Dr. Potter, first assistant physician, to make a report for him.

Dr. POTTER of Rochester: Mr. Chairman—The records submitted by the gentlemen who have preceded me indicate pretty well, I think, the methods followed by us in Rochester. There were one or two points of difficulty brought up, which I think we have pretty well overcome. Our worker has been with us a number of years and is pretty well

versed in hospital work. She is employed at special attendant wages, but we hope she will, in time, receive more than that. When she visits families, she endeavors to teach them to pick out some of the points in the conduct and behavior of the patient which will mean something to us; that is, opinions, thoughts, delusions, etc., that might not mean anything to the family diagnostically and don't mean much, either, to the ordinary physician. We try to have her show the family what these means; in showing to the family what the matter is with the patient, in order that they may watch the patient and take note of these things. That helps a great deal, and she has been able to do the work very well.

The agent who goes for patients, a man who has been with us twenty years, knows the district very well, knows very well many families in the five counties, undertakes also to work in that way. Whenever he goes out he is able to secure information concerning patients that will be of use to the after-care agent. Persons, perhaps who have never been confined and who would not be brought to his attention except from the fact that he is so well posted. This man is instructed when he goes out after a patient to look after all cases of this kind, living within a mile or five miles from his particular point of investigation. That covers one of the points spoken of by Dr. Elliott. He is instructed to find out how that patient is getting along, to go and see him, if necessary, and that saves some money and is of a good deal of advantage, and thus we receive those reports without additional expense or loss of time.

The following persons have called at the clinics:

Discharged patients.....	5
Paroled patients.....	17
Relatives making inquiries concerning patients at the hospital.....	37
Persons calling and asking for advice concerning relatives	9
Persons calling for advice for themselves.....	96
Total.....	164

In conjunction with the work three public lectures have been given, one each at Malone, Watertown, and Phila-

delphia, N. Y., and one paper before the Medical Society of Jefferson County.

Several of the persons brought for advice were feeble-minded children.

Three cases were recommended for commitment and two of these patients are now at the hospital.

Four were recommended to come as voluntary patients and two have accepted the advice.

A number of the people calling were at the time under the care of osteopaths or chiropractors.

Dr. HUTCHINGS: We have maintained at the hospital at Ogdensburg a dispensary for several years which has been attended by quite a large number of persons. Not only have these come from our immediate vicinity but we have had a few persons who came from a considerable distance. In January we expanded our work by establishing a clinic at Malone and shortly afterward one at Watertown. A member of the staff has been in attendance at each of these places. He is instructed to get acquainted with the physicians, and others in the different localities who are interested in this movement and to invite their co-operation. We have held in all five clinics, two at Malone and three at Watertown. A total of 164 persons have presented themselves to the physician. Among them were several discharged patients who came back for advice or to report their condition.

Fully 50 per cent of the cases were suitable for the general practitioner and were referred to the family physician.

Several of the cases showed worry over physical conditions or had erroneous ideas concerning mental diseases, and expressed themselves as much relieved on being set straight in these matters.

The physicians in both places where the clinics were held were eager and willing to co-operate and many of them sent patients to the clinic for consultation.

Our after-care worker has been of great assistance to us. She visits new cases referred to her by physicians and in general prepares for the arrival of the hospital physician. Besides being in attendance at the clinics at Malone and

Watertown, she has made visits to Canton, Winthrop and Potsdam and has called on 135 families in the interest of this work. Many of the families were of patients on parole or patients admitted to the hospitals where information was wanted which we could not readily secure by correspondence, cases where no relative had called at the hospital to visit patients. In addition to these activities, she has made it a point to become acquainted with social relief organizations in the different parts of our district and has secured their interest and co-operation, such as the Girls' Friendly Society, in Watertown, the Bureau of Public Charities, and a social service agency, the name of which I have not got, in Malone, she has also given a talk to a group of girls in the Malone High School.

Dr. SCHNEIDER: Mr. Chairman—Our work along these lines has followed very closely what has already been reported by the previous speakers. We have been doing some work in conjunction with the agent for "Dependent children," in our district; that is a physician examines the children physically and mentally to see whether they are fit for adoption or need to be admitted to different hospitals. Our after-care worker does a combination of eugenic work and after-care work. We hope after a time, however, to have this woman assigned to our work exclusively. We have established a clinic at Jamestown; we go there once a month, and I can report that we are swamped with work. We are establishing one at Olean and one at Salamanca, and all of the physicians in this neighborhood show a great deal of interest and co-operation. In conjunction with our eugenic work, I might report that Professor Davenport visited our hospital recently and spoke to the physicians, ministers and teachers and others who were invited to hear him and who appeared to be very greatly interested.

Dr. MACY: Mr. Chairman and members of the conference: The reports of those who have preceded me have covered the methods which all of us follow, in after-care and preventive work. In conjunction with Dr. Somers of the Long Island State Hospital, we have established one clinic in connection with the Williamsburg Hospital. As

time has gone on this work has simmered down somewhat, but we have a weekly clinic at which the Long Island State Hospital and the Kings Park State Hospital are represented, and we have had an average attendance of from 60 to 80, including paroled patients who come there; that is better, I think, in so many cases than to have the after-care agent visit the family. We supplement it, however, by visitations made by after-care agents. We have from 200 to 260 patients out on parole and you will see it is a matter of importance for us to know that these cases are regularly and sufficiently looked after. We are finding in our district an increasing interest on the part of physicians and people in general in the work that is being done in trying to give them information, advice and assistance. We find a little of everything drifting into the clinics and our advice is requested on almost all kinds of subjects. Many of those people who come there want simply to be pronounced all right; they feel, in other words, that they want to have their cases reviewed by some one outside of the regular medical examiners of the dispensary. There are, however, a great many mental cases who need attention and many of them should be immediately committed, while others would be proper for admission to a hospital as voluntary cases. There is no question in my opinion but that the movement has resulted in a great deal of good and as it is elaborated I think more and more good will result from it.

Dr. SOMERS: I can briefly outline developments in the Brooklyn district in the way of dispensaries. Four hundred and eighty-eight cases have been seen at these free dispensaries. Various kinds of cases call for advice, and among others were some who called for information along the line of eugenics; they were planning to be married and needed advice and asked for advice along that line. I might speak of the marked congestion in the population of Brooklyn and Williamsburg and the evils arising therefrom as these had been illustrated in some of the cases calling at the clinic; cases which would return to unfortunate working conditions with resultant relapse or a serious retardation of convalescence.

Four or five cases have been recommended for commitment to the hospital. Recently we had a meeting at the Brooklyn Bureau of Charities, which was attended by Dr. Macy, Mr. Hastings, of the State Charities Aid Association and other social workers, and the formation of a mental hygiene committee in Brooklyn was full discussed. Brooklyn is now a city of 2,000,000 inhabitants and the appointment of this committee we regarded as very important. Some initial progress has been made and it is proposed not to let this matter rest. However, it all takes time and money to arouse the interest of the proper people of whom there are a great many in Brooklyn.

I might refer to the increase of 300 per cent in the voluntary cases applying for admission since the first of the fiscal year. This does not represent, however, any considerable increase in actual numbers, but the percentage is significant. I believe that it came about as the result of circularizing the dispensaries in Brooklyn; people are as a result coming into the hospital voluntarily. There is not so much of a tendency on the part of family physicians to recommend cases to us. They seem to be somewhat jealous of the dispensary and are disposed to hold on to the cases as long as they can and then when a patient has spent all his money they seem perfectly willing to let our dispensaries undertake his care.

I would ask the views of the conference on a special subject which has given the Long Island hospital authorities considerable trouble. I refer to the matter of personal service of notice on patients about to be committed. The Kings County judges will not permit substituted service in any case. In consequence, I have observed very serious results; thus, a woman patient who gets this notice who knows that she, at a certain time is about to be examined, who reads the word "asylum" and appreciates that she is to be committed as a lunatic, this woman becomes paranoic, suicidal and requires immediate and constant supervision. In my opinion that is a matter which should be taken up with the judges in Kings County by central authorities because I believe more evil is coming out of it than can be overcome by other activities.

I have urged that substituted service be permitted but without success. I believe some concerted action should be taken through the State Hospital Commission, the State Charities Aid Association and other bodies.

The after-care work is being properly looked after by the social agent at the hospital who visits patients and is of very great value in adjusting difficulties.

I recall the case of one visit made by her to a woman who had, while at the hospital suffered from an alcoholic psychosis. When she visited this woman at her home she found her in bed and her husband was feeding her alcohol, and she was paralyzed and had a neuritis in consequence. Another patient was quite destructive at the hospital and would not take a bath except under strong compulsion. This case was permitted to go home under supervision and there her bad traits disappeared.

The CHAIRMAN: If you will take that matter of substituted service up with the Commission in writing, and let us know who those judges are, the Commission will take it up with them.

Dr. ELLIOTT: I remember this subject of personal service coming up during my connection with the Long Island State Hospital. The Brooklyn judges argued that it was unconstitutional to commit a person to a State hospital without personal service and that any patient upon whom service had not been made and who applied for a writ of habeas corpus could be discharged on the ground that no personal service had been made. This has been the attitude for years of the judges in Brooklyn.

Dr. SOMERS: I can endorse what Dr. Elliott says. There was one county judge who has since become a supreme court judge, who was responsible for the whole situation. He has educated the other county judges who have to do with the matter of commitment.

The CHAIRMAN: What does he do in emergency cases?

Dr. SOMERS: He discharged a case in court about a year ago because the personal service was not made. He takes the strong position that this procedure is unconstitutional.

The CHAIRMAN : I am inclined to think that the judge had absolutely no ground for this position. If the Brooklyn judges are right then almost all the judges in the rest of the State are wrong, which I am decidedly inclined to doubt. The Commission might take the matter up with the Attorney-General and secure his view on the matter.

Dr. MABON : We are just about making a change in our social service work. The person who has served us for a long time past has left and I am arranging for the employment of a graduate of Bellevue who has had special training in this work for the past five years in the Psychopathic Pavilion. We shall arrange to have a desk for this worker in the general office of the Commission, but the social service agent will make her headquarters at the hospital.

At this point Dr. Wagner announced that luncheon was served and the discussion on prevention and after-care was declared closed.

The conference reassembled at 2.15.

Chairman MAY announced as the next paper that by Dr. William J. Tiffany, "The Function of the Pathological Laboratory in the State Hospital Service." (Pages 272-283 this issue.)

At the close of Dr. Tiffany's paper the Chairman said :

I asked Dr. Tiffany to write this paper owing to the fact that I think there is a tendency to under-estimate the importance of laboratory work in some institutions. As Dr. Tiffany has said in his paper, no hospital can do thoroughly efficient work unless it has a well equipped laboratory.

I will be very glad to have a discussion on this paper and perhaps Dr. Hoch will be willing to open it.

Dr. HOCH : Gentlemen—I have been wondering while I was listening to Dr. Chapman's and Dr. Tiffany's papers why Dr. Wagner, previous to the announcement of these papers took rather an apologetic attitude.

I think both of these papers are exceedingly good, are quite interesting and very much up-to-date; indeed, I think they could not very well be made much better. I think the Binghamton State Hospital is to be congratulated for its

broad spirit which is so well expressed in both of these papers.

There is no doubt, it seems to me, that the laboratory is a most important function; if it were nothing else than for the general medical spirit which should exist in a hospital, whether for mental diseases or for individuals; the spirit which must be held up and continued and can only be progressive if in every diagnosis made all possible available means are used.

There are many tests in which the laboratory can help a great deal and in many others the autopsies are of striking value. The whole point in looking back at the autopsy to establish what we have done is very important. I was very much interested in Dr. Tiffany's statement that over the mental catharsis, the magnesium sulphate is included. This is true and the contrasting or the pendent remark and the other one which I have repeatedly heard that we are sometimes in mental conditions too easily satisfied to give magnesium sulphate; to use a symbol and leave the poor devil who has all sorts of difficulties and complexities in his environment without any investigation on that subject. While the magnesium sulphate is important the other must not be neglected; and I do not know whether we are swinging too far in one direction, but certainly we ought to keep both in mind as both are valuable and a balance should be maintained between the two.

The CHAIRMAN: If there is no further discussion on this subject we will proceed to the next paper to be read by Burt E. Nelson, chemist of the Purchasing Committee, whose paper, I have no doubt contains suggestions which will be of value to the hospitals frequently sending materials for analysis.

(Mr. Nelson's paper is published on pages 284-293 of this issue.)

Following Mr. Nelson's paper the Chairman announced:

Dr. Hoch, I understand, is to continue the discussion taken up at the last conference but at a time when most of the members had been obliged to leave for various reasons. The subject is of such importance as to merit greater atten-

tion and we should have a pretty general discussion by all members of the conference this afternoon. I am very much in hopes that Dr. Hoch will be able to continue the trip on which he has started throughout the hospitals with Dr. Pollock and Dr. Ryon.

Dr. HOCH: As the Chair has announced, Dr. Pollock, Dr. Ryon and I have started to make a round of the hospitals. We have only visited a few, but on the trip we have already come to rather definite points which we have emphasized and I will speak of these now. I had thought that it would be much better if I could have read this paper after we had been through all these hospitals; but perhaps it is just as well to do it now and sum up again after we have completed our trip.

At the conclusion of Dr. Hoch's paper, "The Medical Work in the State Hospitals in relation to the Statistics,"* the Chairman said:

I think it will be agreed by all of the superintendents who have thus far been visited by Dr. Hoch and his associates that the work planned will be of inestimable benefit to all concerned. The remarks that he has made in his paper serve to show the importance of the work he has been doing. One of the recommendations that he made, that appeals most strongly to me, is that there should be a consideration of these subjects at the end of the fiscal year by each medical staff. If they would take up the studies of these statistics at the close of the year, and compare their results with those of other hospitals they would discover some differences perhaps between their findings; and they can easily make comparisons with others. Where discrepancies occur they should satisfy themselves as to the reason of such differences so that they can be explained. I think that would serve a most excellent purpose and be productive of much good.

Dr. SOMERS: I would like to ask Dr. Hoch one question. What, roughly speaking, would you consider a fair percentage of positive Wassermann's in the average institution?

Dr. HOCH: I do not think that I can answer that.

The CHAIRMAN: Do you mean in the whole hospital population?

* This paper could not be obtained in time for publication in this number.

Dr. SOMERS: In the whole hospital population for the year. One institution says it finds on the average from four to eight per cent of the admissions which have a positive Wassermann, and yet the same institution will have six or seven per cent of cases of general paresis. This leaves an exceedingly small percentage of positive Wassermann in cases not paretic in nature.

We have made considerable progress in the way of statistics but it does seem to me that we have not standardized thoroughly our clinical understanding of the different types of psychoses. I have raised that point before. Dr. Hoch said a moment ago that senile deterioration had a fairly definite clinical manifestation. It is well known that new physicians who enter the service are trained by those in charge in the different hospitals, and in consequence there has been a tendency to get away from some sort of a uniform standard. There is necessity of having a proper standard. There should be a general agreement as to what constitutes essential features of senile deterioration and similarly those of dementia præcox, manic-depressive psychoses, etc. We have standardized statistics, but at the same time we have not come to a full agreement as to what shall constitute the boundaries of the different psychoses.

To be sure, we have made some attempt in our statistical guide to define what should constitute constitutional inferiority, psychasthenic conditions and melancholia, but we have evaded trying to formulate what would fairly constitute the reasonable requirements for a diagnosis of the dementia præcox, manic-depressive or other important psychoses. It does seem to me that more definite formulation would be a step in the right direction and would avoid criticism since at the present time we put forth statistics, and yet have to admit that there is no definite clinical formula for the various types of psychoses.

It seems to me that it would not be very difficult to adopt reasonable requirements for the various clinical groups, since this State has made a very complete study of clinical cases and has an abundance of material from which to draw conclusions. In fact, even our clinical understanding

was too broad or too narrow with relation to certain psychoses, yet there would be a better balance with relation to statistics generally and the relationship to these matters would be on a somewhat more consistent basis.

As it is now, we have misunderstandings and disagreements with relation to grouping cases, and I believe it is to quite an extent due to the varied opinions as to what constitutes the essential features of a given psychosis.

We are standardizing everything else, and why not definitely standardize psychoses, for as it is now we force patients arbitrarily into groups. We would do this less rather than more if we had more standardizing.

The CHAIRMAN: Dr. Somers has brought up a very interesting, and important matter. There has been some discussion on this same subject before. The only way to standardize is, as far as I can possibly see, along the lines referred to by Dr. Somers, would be for some one to write a book and compel people to accept the writer's conclusions absolutely. Now, this is out of the question. Whether it would be possible for the Institute or the committee to prepare certain tentative definitions would be a good thing for Dr. Hoch to discuss. Certain points as to senile psychoses that he referred to could be discussed and covered in that way. That is well worth considering.

Dr. HOCH: I have said something on that very point in my last annual report.

I think Dr. Somers is quite right. I think we ought to have a guide for the preparation of statistical information that would contain a number of things that are not already contained in our present guide. Now, in regard to dementia præcox, we have a certain amount of respect for our good name and at any rate for a name whatever it be; and we are rather loath about putting down things too hard and fast. We know it is a fluctuating situation as yet, but we shall get at it by and by. We are now, taking each individual reaction type which occurs in dementia præcox and manic-depressive and studying its reactions and modifications. When we have that work completed then we shall be able to say much more upon the point of the definite statement that Dr. Somers demands.

For the present, I think we should embark in a brief discussion about every one of these things by having each one say, On what ground do you make a diagnosis of this psychosis? The discrepancies are so marked that we must do something of that sort. Of course, we shall not be able to come to a final agreement for a number of years to come. It must not be forgotten that we are not dealing with definite diseases such as general paresis, where we can bring up the autopsy to our support. While we can not do that we must come to an agreement and it must be sensible, it must be based on reactions, and their laws and their mechanisms. Each staff meeting and each inter-State hospital meeting should work on that if we agree, as we all must, that it is sufficiently important. We have statistics and they are unique statistics.

The Chairman announced that Secretary Elwood of the State Hospital Commission would bring up a few matters pertaining to legislation affecting the State hospitals and the State Hospital Commission during the session just closed.

At the close of Secretary Elwood's remarks, the conference discussed the question of pulmotors for use in the State hospital service in emergencies such as suicides, severe accidents, and the like. It was the consensus of opinion of the superintendents present that the expenditure involved in purchasing this apparatus—especially the improved type of lungmotor—was entirely justifiable and most of the superintendents present have already submitted requisitions therefor.

The matter of training school diplomas was next taken up by the conference.

Dr. HUTCHINGS: I do not feel, Mr. Chairman, that being an outsider, as I am, from the Training School Committee, I ought to put myself forward as having much to say about training schools; but before undertaking this subject I consulted with Dr. Howard, the chairman of the Committee, and it is with his consent and approval that I bring this matter up before the conference.

I was appointed a sub-committee by the chairman of the Committee on Forms, to devise a new training school diploma

for the pupils who take the full three years' course including the affiliated course with a general hospital. The present diploma does not provide for the name of the affiliated school and also specifies only that the course has been two years. In undertaking this work, I observed something that I had known about in a general way before; that there is a disposition among the leading schools throughout the country, particularly those in New York and other large cities, to drop the word "training" from their title and to call themselves "Schools of Nursing." The object is to emphasize the fact that nurses are *educated* now rather than trained. The older idea was that the nurses should be taught useful things about the sick room, to give hypodermics, to give a bath, to record temperature, pulse and respirations and other useful things; and these were the principal objects in mind in preparing a woman to become a nurse; but as time has gone on our conception of the duties of a nurse has broadened considerably and we would now consider the nurse very poorly equipped who had not been fully instructed in the sciences which underlie nursing. It is for this reason that the schools are dropping the word "training" and taking on the more dignified title of "Schools of Nursing." We know there is a considerable amount of technique in architecture, but we do not hear of training schools for architects. We know there is a considerable technical training in the education of a chemist and that a great deal of training is necessary for them but we do not hear of training schools for chemists.

Columbia has a "School of Mines" and there are schools of technology, etc. Many of the leading nursing schools have followed this idea, and I believe that unless we soon are to stand apart from the other schools that are preparing women for the profession of nursing we should now get into line; and this seems to be a good opportunity. I thought it would be wise to consult with the principals of the training schools in the State, and I addressed each one and I have had a reply from all but one hospital in the State. One hospital has no principal of the training school. Of the principals of the training schools, 12 in all, 11, thought a change desirable and recommended it.

If I am in order, I will make a motion that the school for nurses connected with the State hospitals be known hereafter as the New York State Hospital School of Nursing, and that we regard the different hospital schools as being departments of this school, for instance, those at Utica and Willard, etc., being regarded as departments of a single school.

The CHAIRMAN: I heard of this matter only a few days ago through Dr. Hutchings and I have not had time to look into it. I do not know how that would be affected by the provisions of the insanity law.

Dr. HUTCHINGS: I gave that question immediate consideration and I see nothing in the law as I read it that would prohibit a change in the title. The law reads as follows, referring to the duties of the superintendent:

"Establish and supervise a training school for attendants and nurses, under rules and regulations of the hospital."

We are training attendants; and this word training is very applicable to attendants; we teach them to dust, to sweep; but as to our nurses, they are taught a great deal more. It would be rather a pedantic question to raise whether we were complying strictly with the law.

Dr. ELLIOTT: I desire to second the motion of Dr. Hutchings. I believe the word "training" could be dropped without affecting the requirements of the insanity law; the maintenance of a school for nurses is all that is necessary. The word "training" is used nowadays largely in connection with the training of defectives, and soldiers, and it is not, as Dr. Hutchings points out, appropriate for our nursing schools.

The CHAIRMAN: When Dr. Hutchings made the motion I understood him to say the word "New York." Is that necessary?

Dr. HURD: Isn't each diploma to have some distinctive mark by which it will refer to the individual hospital, the St. Lawrence, the Rochester or the Gowanda Hospital?

Dr. HUTCHINGS: That is provided for in the diploma as I will show you. The diploma as I have it here leaves a space for the name of the hospital to be engrossed.

I have another suggestion to make, although this may not be the proper time to bring it up, on account of the new budget and that is, the use of the term "principal of the training school."

No other hospital in the country uses that term. We are entirely by ourselves in its use, and when our nurses go to the State Nurses' Association or the National Association, they seem to be a class apart; they are not quite like the others. Inquiries are made of them as to what their duties are and they have to explain that they are like other "superintendents of nurses," as that term is used in a general hospital.

Every one seems to think that the principal of a training school is only a school teacher and that that is the end of her duties. If that be true, the word "principal" by itself is admirable, but since they have been appointed and have entered upon their work at our hospitals we have found it advantageous to use their abilities in other directions, in a larger field. Here we have a woman of admirable training and experience in general hospital work and it would be too bad to let her do nothing but hear lessons. We want her to do more than that; we want to have her in the wards, we want to have her help in various directions to instruct the nurses, not only the pupil nurses, but supervise and direct graduates and attendants and be responsible for the standard of nursing in the institution. Hence, the term "superintendent of nursing" about covers her duties in my opinion. But some confusion may arise from having two officers with the title "superintendent," at least that has been suggested, though it does not appear to be the case in general hospitals. Dr. Ashley has made what I think is an excellent suggestion and that is to add the words "director of nursing." As I said in the beginning, the budget provides for a principal of the training school, and perhaps it would not be wise to make the change this year.

The CHAIRMAN: If you made such a change now you would not be able to secure payment for the principals under the provisions of the new budget.

Dr. ELLIOTT: Speaking of the new budget, perhaps it might be interesting to relate to the conference an experi-

ence which we have had within the past week at Willard. Our supervising carpenter was retired a month ago on pension. He had been getting \$110 per month. The wage schedule as it has been incorporated into the law provides for either a supervising carpenter or a head carpenter. We have a man at Willard who has worked as a carpenter for some years. I wanted to promote this man to the position of head carpenter at \$78 per month, and he was perfectly satisfied with that. Now, we have been criticised a good deal at Willard for the high per capita cost prevailing in the building department, and I saw here a chance to save \$32 without doing any one injustice; but when the matter was referred to the Comptroller last week, he stated that he could not recognize the position of head carpenter after July 1, because it does not appear in the budget, while supervising carpenter does appear, and therefore that title would have to be continued. This will give you a very definite idea of how the Comptroller interprets the budget as far as the payroll is concerned.

Dr. PILGRIM at this point assumed the chair.

Dr. WAGNER: Mr. Chairman—I have received a telephone message from Judge Bissell, formerly a member of your Commission, regretting that he has been unable to attend this meeting and the dinner this evening, to which I had invited him. He had hoped he would be able to be present and said he would have enjoyed meeting his old friends very much indeed. He wished to have his regards conveyed to the Commissioners and to all his old friends attending the conference.

Dr. ASHLEY: It has been the custom heretofore, I believe, Mr. Chairman, to express our sentiments of esteem for retiring Commissioners, and I feel certain there is no one present at this time who would wish to permit this occasion to pass without offering some suitable resolutions concerning the retirement from the State hospital service of New York of Dr. May. No one will question the devoted and efficient service he has rendered the State. We also know that he has at all times cheerfully given assistance when sought and his very best service to the maintenance

of the high standard of the State hospitals, and I, therefore, move that a committee at this time be appointed to draw up appropriate resolutions on Chairman May's retirement from the service and to present them at the meeting that is to be held this evening.

The resolution was seconded and adopted unanimously.

The Chair appointed as such committee, Doctors Ashley, Hurd and Mabon.

Dr. WAGNER: I would like to announce that the members present will find automobiles waiting at the front door which will be at their service in visiting our farms and out-buildings, or seeing anything else of interest about the institution.

The conference took a recess until 7 o'clock.

The conference reconvened at 7 p. m.

Dr. Ashley as chairman of the committee appointed to prepare resolutions on the retirement of Dr. James V. May as Chairman of the State Hospital Commission to take up the superintendency of the Grafton State Hospital in Massachusetts, offered the following:

WHEREAS, The State of New York is to lose the services of Dr. James V. May by his resignation as State Hospital Commissioner, we, his fellow Commissioners, the Managers and the Superintendents of the State hospitals have at this our quarterly meeting, in Binghamton, May 2, 1916, unanimously passed the following resolutions:

That we his associates for years convey to him in no perfunctory way our regard and our appreciation of the fair and conscientious manner in which he has discharged his duties as Commissioner, often under trying conditions. With him go not only our affectionate regard but our best wishes for his future success and the health and happiness of his family.

Resolved, That, while we congratulate the State of Massachusetts in acquiring Dr. May as Superintendent of the Grafton State Hospital, we feel that our State loses a Commissioner of ability, culture and highest integrity, an accomplished physician and an officer especially fitted for and devoted to the interests of the insane.

Resolved, That these resolutions be spread upon the minutes of the conference and that one copy thereof be sent to Dr. May.

The resolutions were duly seconded and adopted by a unanimous rising vote.

On motion adjourned.

GENERAL STATISTICAL INFORMATION RELATING TO THE INSANE AND THE MANAGEMENT OF THE STATE HOSPITALS

CENSUS OF JUNE 30, 1916

1. Patient population:

State hospitals, including paroles.....	35,213
State hospitals, excluding paroles.....	33,873
Institutions for criminal insane.....	1,402
Private licensed institutions.....	966
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Total, including paroles.....	37,581
Average daily population of State hos-	
pitals since October 1, 1915	34,747
Average daily number on parole since	
October 1, 1915.....	1,346
Patients on parole at end of year.....	1,340

2. Capacity and overcrowding:

Capacity	27,890
Overcrowding:	
Number	7,323
Per cent.....	26.3

3. Medical service:

Superintendents	13
Assistant superintendent	1
First assistant physicians.....	15
Senior assistant physicians.....	51
Assistant physicians.....	65
Women physicians.....	18
Medical internes.....	19
<hr/>	
Total.....	182

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 193
Excluding superintendents.....	1 to 208
Excluding superintendents and internes	1 to 234

4. Employees:

Average number of employees in June, 1916	6,083
Ratio of employees to patients.....	1 to 5.79

5. Aliens and non-residents:

Aliens deported from April 1, 1916 to June 30, 1916.....	70
Non-residents removed during same period.....	111
Aliens deported from October 1, 1915 to June 30, 1916.	208
Non-residents removed during same period	285

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING JUNE 30, 1916

	April	May	June	Total
Aliens deported to other countries:				
Expense of friends.....	7	7	5	19
U. S. Immigration service	12	11	5	28
Expense of State.....	6	6	11	23
Total.....	25	24	21	70
Non-residents returned to other States:				
Expense of State.....	28	13	31	72
Expense of friends.....	12	17	10	39
Total.....	40	30	41	111
Total aliens deported and non-residents returned	65	54	62	181

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION FROM
OCTOBER 1, 1915 TO JUNE 30, 1916

	First Quarter	Second Quarter	Third Quarter	Total
Aliens deported to other countries:				
Expense of friends.....	15	13	19	47
U. S. Immigration service	30	27	28	85
Expense of State.....	32	21	23	76
Total.....	77	61	70	208
Non-residents returned to other States:				
Expense of State.....	53	37	72	162
Expense of friends	43	41	39	123
Total.....	96	78	111	285
Total aliens deported and non-residents returned.....	173	139	181	493

**MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE NINE MONTHS ENDING JUNE 30, 1916, AS REPORTED
BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING ON JUNE 30, 1916**

HOSPITAL	ADMISSIONS				DISCHARGES								OVER-CROWDING			
	First Admissions	Re-Admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census June 30, 1916	Certified Capacity	Number	Per cent
Utica.....	1,691	219	11	324	79	21	39	16	6	165	3	329	1,686	1,382	304	21.0
Willard.....	2,455	158	57	276	75	10	28	14	1	130	2	286	2,445	2,015	430	21.3
Hudson River....	3,361	317	161	559	87	69	43	28	13	240	6	486	3,431	2,800	631	22.6
Middletown.....	2,167	142	39	252	62	13	25	9	4	108	6	227	2,192	1,985	207	10.4
Buffalo.....	2,142	290	78	314	67	27	32	12	3	143	3	287	2,199	1,704	495	23.0
Binghamton.....	2,409	150	48	307	55	29	27	5	13	123	9	261	2,455	2,110	345	16.4
St. Lawrence.....	2,132	194	56	359	52	15	22	12	10	118	11	240	2,251	1,848	403	21.8
Rochester.....	1,573	218	82	380	54	32	47	10	1	115	7	266	1,687	1,298	389	30.0
Gowanda.....	1,222	140	57	202	31	9	21	10	8	63	4	146	1,278	998	280	28.1
Kings Park.....	4,445	724	58	982	136	122	96	57	5	200	119	825	4,602	3,397	1,205	35.5
Brooklyn.....	820	343	36	428	98	22	21	18	8	182	55	404	844	637	207	32.5
Manhattan.....	4,951	1,068	79	1,427	195	77	102	91	12	427	322	1,226	5,152	3,699	1,453	39.3
Central Islip.....	4,876	940	56	1,224	135	131	136	72	5	398	175	1,112	4,988	4,017	971	24.2
Total.....	34,244*	4,903	1,320	7,064	1,186	577	639	354	89	2,522	728	6,045	35,213	27,890	7,323	20.3

* Does not include 64 patients in Mohansic.

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THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

CHARLES W. PILGRIM, M. D.,
ANDREW D. MORGAN,
FREDERICK A. HIGGINS, } Commissioners

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Henry E. Schenck

APPOINTMENT OF DR. CHARLES W. PILGRIM

Dr. Charles W. Pilgrim, Superintendent of the Hudson River State Hospital, at Poughkeepsie, N. Y., was appointed Chairman of the State Hospital Commission by Governor Whitman, on September 12, 1916. The appointment was highly gratifying to all connected with the State hospital system, and to the friends of the insane throughout the State.

Dr. Pilgrim is a native of New York State, having been born in Monroe, Orange County. His early education was obtained from private tutors and by attendance at the Jersey City High School.

He was graduated from the course in medicine of New York University, in 1881, and later did two years post graduate work in the University of Vienna.

His experience in hospital work began in 1881, as house physician in Bellevue Hospital, New York City. The next year he became assistant physician in the Asylum for Insane Criminals, at Auburn, N. Y. Soon afterwards he accepted a position as assistant physician in the Utica State Hospital. Leaving that institution in 1884, he went to Germany, and became volunteer physician in the Frauenklinik, in Munich. From there he went to the University of Vienna.

In 1890, Dr. Pilgrim was appointed superintendent of the Willard State Hospital; in 1893, he resigned this position to accept the superintendency of the Hudson River State Hospital.

In 1906, Governor Higgins appointed Dr. Pilgrim, President of the State Commission in Lunacy. After one year's service in this position, he resigned to resume his former work at Hudson River State Hospital.

Dr. Pilgrim's remarkable success in hospital management and his important contributions to medical periodicals has given him an international reputation. In 1911, he was elected President of the American Medico-Psychological

Association. The same year he served as President of the Dutchess County Medical Society. He is a Fellow of the New York Academy of Medicine.

His published articles include, "A Study of Suicide;" "Genius and Suicide;" "Medical Work in the State Hospitals;" "A Visit to Gheel;" "Does the Loco Weed Produce Insanity?" "Communicated Insanity;" "Schools for the Insane;" "Suicide and Insanity;" "Care and Treatment of Insane in the State of New York;" "Proper Size of Hospitals for the Insane;" "The Study of a Year's Statistics," etc.

OLD AGE AND ITS PSYCHOSES*

BY CHARLES W. PILGRIM, M. D.,
Chairman, New York State Hospital Commission.

Old age is a relative matter and the number of years one may have lived has but little to do with the question. Many are old at 50, while in other cases a fair amount of bodily and mental power is preserved beyond the allotted period of the three score years and ten and, occasionally, extreme old age appears to be the time of actual ripeness and perfection.

Ex-Senator Chauncey M. Depew, who only a few weeks ago reached the age of 82, in reply to the question, "What message would you like to give to the American people," said, "Tell them I am infinitely more happy, more healthy, more satisfied with life, more optimistic about the future of this country, and of the world than I was at the age of 50, or any other time in my life, and I expect the same to be more true when I am 90 and more than 90."

Dr. Stephen Smith, whom many of you know, who was at one time State Commissioner in Lunacy, and who has for more than fifty years been active in the charitable work of the State, is now at the age of 92 as active, as vigorous, and as efficient as the ordinary man in middle life.

"Our friend, John Burroughs", and William Dean Howells are also doing some of their best work at 80, and many similar cases might be cited.

Jacob Grimm, the writer of fairy tales, pronounced an enthusiastic eulogy upon old age.

Dr. Holmes wrote:

"Age has its opportunities no less
Than youth itself, though in another dress."

Longfellow said: "I venerate old age, and love not the man who can look without emotion upon the sunset of life," and Robert Collyer, the noted preacher, was able to say when past the age of 80, that he had never missed an

* Read at the annual convention of the State Superintendents of the Poor, held in Poughkeepsie, June 14, 1916.

engagement, had never taken a meal in bed, nor had never gone without a meal since he was born, on account of illness.

Old age under such conditions is not to be dreaded, but the lot of the majority of aged persons is far different, and in all ages there has been a search and a longing for the fountain of youth and the elixir of life. Ponce de Leon gave up his life in the search, and Metchnikoff, and other distinguished investigators have spent their days in seeking in the glands and other substances, a means for the prolongation of youth and the retardation of age. But in spite of all their efforts their quest has not been successful and as the poet says:

“Old age comes on apace to ravage all the clime.”

Of course, a good deal can be done by hygienic measures such as purity of life, cleanliness, exercise, fresh air, and temperance in the use of food and drink to delay the approach of age, but nothing can stay it indefinitely. On the other hand “the pace that kills,” blood infection, tuberculosis, the intoxicants such as alcohol and tobacco, and conditions which lead to high blood pressure, such as worry, muscular over-work, and overeating, all lead to a degeneration and thickening of the arteries, a condition known as arteriosclerosis, which is the sure precursor of senile changes.

It is often said that “A man is as old as his arteries” and when we remember that the heart, waking or sleeping, never rests, that the blood vessels are always under strain, and that their walls are subjected to a distending force of $2\frac{1}{2}$ pounds to the square inch from 80,000 to 100,000 times in 24 hours, it seems a wonder that our system stands the strain so long instead of breaking down prematurely as it sometimes does.

To the poor and dependent “the sunset of life” is too often bereft of its golden glow. Among primitive people the aged and infirm are often abandoned and left to die of hunger and exposure. Among the Chuckchi and some other primitive peoples voluntary suicide of the aged is committed amid great pomp, and this rite undoubtedly can

be explained as much by the miseries of existence as by the belief in a better life beyond the tomb.

Even among civilized people the aged and physically unfit are often abandoned to their fate even by their own children. Those who have read "How the Other Half Lives" can recall many pathetic cases related by Jacob Riis. Is it a wonder, therefore, that the poor look with dread upon the approach of age with its infirmities, and is it a wonder that philanthropists and others interested in the welfare of their less fortunate fellows have sought, by means of old age pensions and homes for the aged, to banish some of the unhappiness which old age brings?

The exact time at which old age begins can not be stated. The transition is usually gradual and the limit differs with the individual. Usually, however, we may say that in the female the period of general involution which begins at the end of the the menopause is the commencement of old age. Although there is no definite age for this, it may generally be stated to be from the 50th to the 55th year, while in the opposite sex the period is somewhat later and we may assume that senile changes begin in the male sex between the 60th and 65th year.

Senile involution commences mostly with slowly developing constitutional changes, such as thickening and hardening of the walls of the blood vessels, changes in the blood such as hydræmia, when the blood becomes thinner and more watery, and atrophy of all the organs. The only exception is the heart, which in old age generally becomes greatly hypertrophied on account of the greater amount of work it is called upon to do in forcing the blood through the thickened arteries. In extreme old age, however, the heart may sometimes atrophy.

The atheromatous changes in the walls of the arteries and the poorer condition of the blood interfere with the nourishment of the brain and other organs and as a consequence we have headache, dizziness, a sense of pressure, weakness and fatigue, subjective phenomena of vision and hearing, difficulty in breathing and asthmatic troubles, especially at night, disturbance of sleep, sleepiness during

the day and disturbances of digestion. There are often perverted sensations and impulses which lead to unnatural cravings for stimulants and sexual gratification.

The objective signs are a slight emaciation or a tendency to corpulence, sluggish circulation, emphysema of the lungs and chronic bronchitis. There will also be the bent back, the shortening of stature, the shrunken gums, the missing teeth, the changes in the eye known as arcus senilis, and the whitened hair.

The mental symptoms will be loss of memory, difficulty of concentration, lack of adaptability and adjustment, increased apprehension and the lack of ability to overcome the ordinary obstacles and difficulties of life. All these symptoms belong to what is called physiological senility, or dotage, and such cases may properly be cared for in homes for the aged or almshouses. They need only kindly oversight and custodial care such as may be given by friends or relatives, and when home care is not available, the attention which they need may be found in any well managed home for the aged or in any well regulated almshouse or country home.

The changes mentioned are so gradual and progressive and the physiological passes into the pathological so quietly that the question as to the line of demarkation, especially in the making of wills, often becomes the subject of judicial inquiry when it requires the best judgment of men of experience and training to decide the delicate question of legal capacity.

When to the symptoms of mental decay which I have described there is added symptoms of mental disturbance, we have what is known as senile insanity. It should, however, be stated that when insanity, due to tissue changes incident to involution, occurs in the male before the 60th year, we have what is known as *pre-senile dementia*. The symptoms in presenile dementia, differ somewhat from the symptoms usually found in the more common types of senile dementia developing later. There is a rather long prodromal period, during which the patient complains of all sorts of sensations, such as dizziness, general malaise and various symp-

toms due to perverted sensibility not unlike the beginning symptoms of involution melancholia. The patient is apt to be irritable, morose, and seclusive. From this condition delusions of hypochondriacal or persecutory character are developed. As these delusions are founded upon a demented basis, they are apt to be absurd in character. The patients imagine that certain viscera have been removed, that their brains are dried up, that their legs are made of glass, that all their bones are broken, etc. Then come persecutory delusions of poisoning and the like, often with a sexual trend which leads them to believe their partners unfaithful no matter how old and feeble and unattractive they may be. These delusions are not unlike those found in cases of chronic alcoholism, and are often accompanied by fabrications, but they are much more absurd in character. This condition resembles the Korsakow complex and is known as the presbyophrenic type. Patients suffering from this form are emotional and sometimes depressed and as a general thing they are irritable and easily moved to anger.

In senile insanity of a later period, the signs of involution are more marked and the mental defect more apparent. It has been said that in youth we plan, in manhood we execute, and in old age we remember. Like all such sayings there is an element of truth in it but the remembering which the aged do is of the past. In the senile psychoses the memory for recent events is so weak that events occurring only an hour before are forgotten, and the patients can not remember the day of the week, their own name, or the names of their children, and with this defect there is such a marked tendency to reminiscence that they live entirely in the past; there is marked egotism; an aversion to any change in the routine of life; a disregard of the comfort of others; all these symptoms are accompanied by irritability and resistance to control which makes their proper management extremely difficult. Things become progressively worse until the patient sinks to a vegetative existence, without mental initiative, without judgment, and with no appreciation at all of the present. With this mental fail-

ure there is a corresponding change in the physical side. All the signs of age which I have already mentioned become accentuated until they reach, as Shakespeare says, the stage of

"Second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything."

The condition described is usually called *senile deterioration* but when confusion becomes a prominent symptom, the condition is spoken of as *senile confusion*. This confusion is apt to be accompanied by restlessness, especially at night, when if not watched they will wander about the house putting the other occupants in danger from their likelihood of setting the premises on fire or doing other acts of mischief. They are usually disoriented and can not tell where they are nor the time of day. They are apt to wander away and become lost and thus are a danger to themselves. In some instances of senile deterioration there may be marked depression and agitation with a tendency to suicide.

When the persecutory delusions become marked, we may have a true paranoid condition with hallucinations of hearing and all the accompaniments of paranoia.

Among the physical symptoms that may develop during the course of senile deterioration are apoplexy, apoplectic attacks, and senile epilepsy. Chorea, of the Huntington type or the post-apoplectic variety, is not infrequently observed. This condition is especially marked upon awakening from sleep as the cerebral circulation through the diseased vessels is slow to adjust itself to change from the sleeping to the waking state.

In addition to the types already mentioned we may have a *senile delirium*, characterized by fleeting delusions, multi-form hallucinations, clouding of consciousness, great incoherence, and marked motor restlessness or occupation delirium. This condition may suddenly develop in a case which has been following the usual course and when it does it is usually found to be due to some bodily cause such as pneumonia, nephritis, cystitis, etc., or it may occur as an episode in any case of senile psychosis, in which case it is

apt to clear up, while if it occurs as a manifestation of a terminal infection, it is apt to be fatal. In "A study of 200 cases of senile dementia," Dr. William Pickett gives the following list of symptoms which he found in their order of frequency: "A tendency to wander; hallucinations; a tendency to violence; vertigo; persecutory ideas other than poisoning; conspiracy, etc.; exaltation; night prowling; apoplectiform strokes; headache; suicidal attempts; suspicion of conspiracy; suspicions of poisoning; violence at night; epileptiform attacks; delusions of infidelity; setting fire to things; echolalia; chorea."

In addition there are the physical symptoms due to arteriosclerosis, disturbances of the functions of the various viscera, sleeplessness, etc.

An appreciation of these various symptoms will show how necessary it is for cases of senile insanity to have the care and nursing which can only be had in a modern hospital for the insane. To prevent accident or injury to themselves or others, constant attention both day and night is necessary, and their often untidy habits call for the same attention that is given to a helpless child. Their physical condition requires hygienic surroundings and an appropriate diet. Their insomnia needs an appropriate hypnotic or the careful administration of a suitable quantity of alcohol, but neither measure should be resorted to except under medical supervision as such patients are very susceptible to the influence of drugs and alcohol and easily form habits which it may be difficult or impossible to break. The arterial tension needs careful attention and appropriate remedies and the functions of all the viscera need careful watching and suitable treatment. I can not, therefore, be too emphatic in calling your attention to the danger of attempting to care for cases of senile insanity in county houses or almshouses where efficient nursing and appropriate medical attention are not, under all circumstances, immediately available.

Even home care should not be attempted in a case of senile insanity unless hospital conditions can be closely approximated. If the patient can be provided with a sunny

room with constant nursing day and night and with suitable diet and diversion, then home care may be attempted. But if the surroundings are poor and if the nursing must be done by those who are engaged during the greater part of the time in other occupation, then harm is apt to come to the patient while the other members of the family who are subjected to the additional strain which the care of such a case involves are apt to break down, both physically and mentally, and thus add to the existing troubles. Therefore let me again repeat my warning against any attempt at home treatment or almshouse care for the senile insane.

As I have already said, to the majority of the poor, old age is full of trials and tribulations and when to the ordinary disabilities of senility we have added the mental and physical symptoms of insanity, the condition is one that calls for our tenderest sympathy and kindest care, and we should ever bear in mind the pathetic words of the psalmist: "Cast me not off in the time of old age; forsake me not when my strength faileth."

A PLEA FOR THE EXTENSION OF THE PAROLE PERIOD

BY M. B. HEYMAN, M. D.,

Assistant Superintendent, Central Islip State Hospital.

The practice of paroling patients from hospitals for the insane is so widespread and satisfactory that no one acquainted with the facts would wish to have it discontinued. It is both humanitarian and economic—enlarging the liberty of the patients, safeguarding their interests, encouraging their self-respect, and at the same time saving money for the State.

Under the present regulations our hospitals are authorized to parole patients for a period of six months. This period can be extended by having the patient returned to the hospital and reparaled. However, there seem to be many arguments why a parole period of at least one year should be instituted. On account of the European war now raging, the difficulty of deporting the alien insane has increased and the overcrowding that has resulted, especially in the metropolitan hospitals, can only be relieved by extending the parole system to its fullest extent.

One distinct advantage that follows parole is the change of attitude of the patient to the hospital officials and his friends. A few days or a few weeks on parole from the hospital will frequently change a hostile attitude into one of a more friendly disposition and the patient may willingly return to the hospital and submit readily to the rules and regulations that previous to parole were considered unreasonable and irksome.

The border line cases are the ones that chafe most under confinement and a short leave of absence among their friends does a great deal to establish confidence in the authority against which they naturally rebel. Patients suffering from periodic insanity and those with remissions from a progressive form may be paroled with advantage to all concerned and if the period of parole were extended to one year might be returned without the trouble and expense of recommit-

ment. By consulting the discharge records of the several State hospitals for a number of years back it is very noticeable that a large number of cases have been discharged "much improved" and "improved." Some of these patients regain their normal mental standard after reaching home. However, many of them have psychopathic personalities or have a deteriorating psychosis. This pertains especially to cases of dementia præcox in which we know that remissions of the mental disorder are not uncommon, oftentimes an improved mental condition lasting several months. This also occurs in cases we describe as "mental deficiency." It is also true of the constitutional disorders like manic-depressive insanity. With the præcox cases, however, the improvement is usually only temporary or evanescent and sooner or later it is necessary to return them for further treatment. It will be apparent to all that an argument for a longer parole period applies especially to cases of the alcoholic type. It would be a most decided restraining influence on this type to inhibit their desire for alcoholic stimulants if they knew they were under the jurisdiction and control of the hospital for a year or longer. This has been brought most forcibly to the attention of our after-care agent who has frequently been told by solicitous friends that while the patient was on parole and under the jurisdiction and control of the hospital he felt this restraining influence and would apply himself more industriously and hold a better check on himself, as he was anxious to have a good report made of them to the clinic of the hospital. This idea is also shared in a pronounced way by the relatives themselves. I am sure it is not uncommon that the physicians in our hospitals, in their daily or weekly parole of patients, hear voluntarily expressed by relatives the wish that the patient shall be strongly impressed with the idea that he is not discharged but on parole for a number of months.

We well know that cases of organic diseases, such as paresis and cerebral syphilis, have not uncommonly periods of remission. These remissions, of course, are of varying lengths, some lasting for several months or a year or more,

and it is highly advisable that this type of case should be kept under observation and control of the hospital for at least a year after date of parole. The question might be asked: "Why could not these cases report to the hospital and have their parole extended?" I answer this by saying that inasmuch as these cases are reporting at our clinic and are seen by social workers the expense of traveling to the hospital is a hardship to the relatives and would be entirely unnecessary. This applies especially to hospitals which are located a distance from the homes of the patients.

Often we find that friends have kept them at home just beyond the six months' period. It is then necessary for them to be recommitted, to go through the routine of mental examination, clerical statistics, along with the added expense of new clothing, residence in a detention hospital for several days, etc. All of this tends to increase the medical and clerical work as well as to increase the financial burden of the municipalities and the State. Of 595 patients paroled from Central Islip during the year ending September 30, 1915, more than 33 were recommitted after six months but before the expiration of one year from date of parole. This represents not only the delay and expense of recommitment but the making and copying of initial histories, admission records, statistical cards, etc., all of which is not only superfluous but expensive.

The State has made it easy for voluntary patients to gain entrance into our hospitals. Why should the State not make it easy for those who, we know, have planted in them the seeds of mental unsoundness? And if after six, eight or ten months there is a return of the mental disorder, or even a lack of adjustment to home conditions necessitating further treatment, why should not the afflicted one, either on his own initiative or that of his friends, have immediate and easy access to the hospital from which he was paroled? Relatives oftentimes have hesitated, delayed and remonstrated against sending their friends again to a detention hospital, with the involved annoyance of legal commitment and a repetition of their recent sufferings.

A longer parole period would most certainly conduce to the comfort of the patient and many times relieve both him and his friends of the annoying delays of legal red tape.

What are the considerations that arbitrarily place the dividing line at six months? What injustice can be done the patient by making his parole period twelve months rather than one-half this time? A patient may be discharged at any time after parole but when there is doubt as to the wisdom of discharge it would be better to continue the parole for one year, when if necessary he could be discharged or returned rather than recommitted. It would not interfere with his obtaining employment nor affect his wage earning capacity. As a matter of fact, as far as the general public is concerned, when patients return to their homes on parole they are looked upon by their neighbors as having been discharged from the hospital.

There are many other reasons why the period of parole should be extended to one year. After-care could be more successfully applied and the hospital clinics could be utilized to a greater degree, thus bringing into intelligent co-operation all the extra hospital forces. At the present rate of parole and per capita cost, we are saving the State by the parole system more than \$300,000 a year. An extension of the parole period would insure further gain by avoiding the cost of recommitment of a considerable number and the accompanying inconveniences.

The laws of the several States have been examined and so far as could be determined only one State, Arkansas, gives a parole for more than six months. That State paroles for six months with the privilege of extension for another six months. Nine States: Alabama, Connecticut, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, permit of a straight six months' parole. Twenty-two States: Arkansas, Colorado, Delaware, District of Columbia, Florida, Indiana, Iowa, Kansas, Louisiana, Mississippi, Missouri, Montana, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Utah and Wisconsin, set no limit in their statutory provisions relative to the parole of patients

from their institutions for the insane. Three States: Illinois, Ohio, South Carolina, authorize a parole of three months. One State: Vermont, permits a parole of two months. Four States: California, Idaho, Michigan and South Carolina, authorize a parole period of thirty days only. In three States: Georgia, New Jersey and West Virginia, the period of parole is prescribed by the trustees of the hospitals. In three States: Kentucky, Virginia, Wisconsin, the period of parole is prescribed by the superintendent.

The extension of the parole period to one year is desirable from every viewpoint. The parole system with the lengthened period would serve all the ends for which it was inaugurated and in addition would expand the influence of the hospitals by co-ordinating the activities of the medical service with those of the after-care societies, the social service workers, and the mental hygiene organizations and thus assist in the prevention as well as the cure of insanity. The onset of insanity occurs outside of the hospital and patients can not be said to have completely recovered until they have successfully rehabilitated themselves in the same society from which they were legally extruded. Let us give them more help to readjust and restore themselves to their former rank, rights and privileges by extending their parole to twelve months. *

PSYCHOSES OF PATIENTS FROM SUFFOLK COUNTY

BY H. G. GIBSON, M. D.,

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It is a far cry from the crowded East Side of New York City to the rural communities of Suffolk County; from life in the congested sweatshop districts to the farms, the small hamlets, villages and towns of this county, which has been poetically called, "The county of the rising sun." Do congestion, the close proximity to disease, the lessened power of resistance, the evil influence and example, the possible laxity of morals due to overcrowding, the keen competition of life, the temptations of a large city, the close proximity and easy access to liquor, the constant worry and struggle to keep body and soul together, the crowded tenements, with lack of sunshine, and general unhealthy environment—do these factors have any appreciable affect in increasing the number of psychoses? Are the predominant psychoses greater or less in the country than in the city? Are the psychoses coming from Suffolk County more benign than those from the Borough of Manhattan? Is not the percentage of recoveries higher and are they not more amenable to treatment? Are unhealthy mental habits lessened in rural life?

Superintendent Smith, on account of his long residence in Suffolk County, has always taken a special interest in the study of the psychoses of patients admitted therefrom, and it was upon his suggestion that I compiled these few statistics. The individual members of the Suffolk County Medical Society also have at times expressed a desire to be informed as to the relative percentages of the various psychoses from this county as compared with those from the metropolitan district. I wish to state frankly that I approached this subject with a biased mind. I felt sure that the percentage in each case of the predominant psychoses would be lower in this county, especially in general paresis and alcoholic psychoses; that because I felt morals are

better in the country than in the city; that habits are more normal and self-control stronger in rural than in urban localities.

On one hand we have the hard working, often ill-fed employee, who is working under unsanitary conditions; on the other hand inhabitants of a county more or less rural, with its farm lands and ample food and sunshine. I have contrasted the most congested locality probably the densest in America, with its population of approximately 2,000,000, with a county, the population of which is a trifle over 100,000. I have tried to eliminate all cases from Bronx and Queens Counties, and have used only as a working basis for comparison with the patients from Suffolk County the patients admitted from the Borough of Manhattan, with its large congested area, especially on the East Side, from which source we receive a large percentage of our patients.

In this county, the occupations vary to a considerable extent; from the agricultural life to the life of a deep sea sailor; from a manufacturing life to life of a fisherman on the Great South Bay. In many localities the life is rural in the extreme; many places are isolated and the life is monotonous and dreary. In contrast with this we have the social life in the small towns and villages.

Through the kindness of Dr. Garvin, acting superintendent of Kings Park State Hospital, and the physicians-in-charge of the various private institutions in this county, I have been able to obtain figures for the four and three-fourths year beginning with the fiscal year October 1, 1911, and ending June 30, 1916.

The following questions naturally arise: Do the psychoses vary to any appreciable extent? Can the large percentage of certain psychoses, especially dementia præcox, be ascribed to the congested area in New York City, and to the early introduction of young people into the sexual life, that to the carefully reared country child of the better class is a mystery, and often unfortunately so. Does this familiarity with the principles of sexual life, which are crudely and improperly taught, have an unfavorable influ-

ence, and later in life produce one of the chief functional psychoses? Are the number of cases of dementia præcox, manic-depressive insanity, general paresis, alcoholic psychoses and senile psychoses lessened or increased by such radically different environments.

Another factor of interest is that we are contrasting figures from the Borough of Manhattan in which the overwhelming majority are of foreign birth while in this county the majority belong to the American race, if I may be allowed to use this term. Suffolk County has a large percentage of native born, not of one generation, but of many. Are we any more moral than our foreign brothers? Is our mode of living so much better that we can avoid the pitfalls that lead to insanity. Are we less subject to the frailties of mankind? Do we yearn for the flesh pots of Egypt? Is our life in this county more even in its tenor so that we are not subject to extremes of tension?

Statistics are always dry and for this reason I have limited myself to the five predominant psychoses and contrasted them with data from the annual report of the Commission of the year 1914, the latest available. I have used round figures and avoided all decimals.

Kings Park State Hospital, in conjunction with this hospital, receives insane from Suffolk County, the line of demarkation being the railroad divisions.

I will first give statistics for Manhattan and Central Islip, and then compare them with statistics from Suffolk County. During the fiscal year ending September 30, 1914, the per cent distribution of the predominant psychoses among the first admissions were as follows:

TABLE 1

Psychoses	Manhattan Per cent	Central Islip Per cent
Dementia præcox	19	23
Manic-depressive.....	11	14
Senile.....	9	6
General paralysis.....	15	13
Alcoholic.....	5	7

During the four and three-fourths years beginning October 1, 1911, and ending June 30, 1916, there were received in

the State hospitals and private institutions of Suffolk County approximately 400 patients belonging to this county, and 7,500 patients were received from the Borough of Manhattan. The population of the latter Borough is two million, and that of Suffolk County a trifle over one hundred thousand. These figures give us an annual rate of 84 admissions per 100,000 for Suffolk County, and approximately 79 admissions per 100,000 for the Borough of Manhattan. This rate of 84 to the 100,000 is very high, being exceeded by three counties only, Dutchess, Richmond, and Seneca.

The figures for the five predominant psychoses of the Borough of Manhattan and Suffolk County are as follows:

TABLE 2

PSYCHOSES	BOROUGH OF MANHATTAN				SUFFOLK COUNTY			
	Men	Women	Total number	Per cent	Men	Women	Total number	Per cent
General paralysis.....	700	172	872	16	26	12	32	9
Senile.....	136	155	291	6	27	25	52	13
Alcoholic.....	401	177	578	10	32	2	34	8.5
Manic-depressive.....	625	592	1217	22	22	31	53	13.3
Dementia præcox.....	862	730	1592	29	34	40	74	18.5

The study of these figures presents some interesting facts. The percentage of senile cases is quite large, being 13 per cent for Suffolk County as against 6 per cent for the Borough of Manhattan. The percentage of Central Islip and Manhattan for the year 1914 is 7.5 per cent. This large percentage for Suffolk County is exceeded only by those of Brooklyn State Hospital and the Willard State Hospital. The large percentage in the Brooklyn State Hospital has been satisfactorily explained by Dr. Pollock. The reasons for the large increase in this hospital are not so obvious. The fact that there are two large State hospitals in Suffolk County may explain some of the increase. However, no matter which way these figures are looked upon, they are not creditable to the younger people of the county. The percentage in the Borough of Manhattan is much lower and

doubtless many cases are sent to the State hospital from this county who probably might be cared for at home. These cases are undoubtedly insane and often quite restless and troublesome. It would seem that the people in this county could learn a great deal from other races whose chief duty seems to be the care for the unfortunate aged people, and not delegate their care to the State authorities. It would seem to me that a few sermons in this county on the fifth commandment might be of value. These figures seem to show more or less selfishness and neglect among the natives. Apparently the percentage of filial love is much higher among the foreign born.

The percentage of alcoholics is fair only, 8.5 per cent for Suffolk County as against an average of 7.5 for the State. It is better, however, than the percentage of 10 for the Borough of Manhattan. It is rather striking that the percentage of alcoholic psychoses of Suffolk County for the past five years has remained practically the same, 8.5. It would seem that the wave of prohibition which is sweeping over the country has not yet reached this county. The percentage for the Borough of Manhattan is extremely high when one considers that the percentage of alcoholism in certain races is practically nil.

The showing for general paralysis in this county is much more favorable, and only three State hospitals, Binghamton, St. Lawrence and Middletown, show a less percentage. The average percentage throughout the State for the years 1913-1914 is 12 while this hospital shows only 9 for Suffolk County as against 16 for the Borough of Manhattan.

The percentage of cases of dementia præcox is about the average, 18 for Suffolk County, which is about the average for the whole State. The figures, however, for the Borough of Manhattan and Suffolk County are rather striking in comparison, 29 per cent for the Borough of Manhattan against 18 per cent for Suffolk County. This great difference can be explained by the fact that certain races in the Borough of Manhattan seem to be especially susceptible to dementia præcox.

The percentage of manic-depressive psychoses in Central

Islip State Hospital is quite high, in fact, the highest in the State in 1914, with the exception of Hudson River and St. Lawrence. The percentage for the whole State was 10, while that for Suffolk County was 13. Attention is called to the high percentage of manic-depressive psychoses for the Borough of Manhattan, 22, as against 13.5 for Suffolk County.

The percentage of recoveries of patients from Suffolk County based on admission is quite high, being 25, and the improved and much improved constitute 16 per cent. These percentages are quite high in comparison with those for patients from the Borough of Manhattan, but are exceeded by those at the Utica, Middletown, St. Lawrence, Gowanda and Brooklyn State Hospitals. The percentage discharged as improved and much improved, 16, is in itself rather low, but taken in conjunction with the high rate of recoveries, appears to be fairly satisfactory. The percentage of recoveries for the Borough of Manhattan for this same period is only 16, while that of the improved and much improved is 28.

The death rate for the four and three-fourths years is practically the same for both the Borough of Manhattan and Suffolk County, the rate in Suffolk County being a trifle lower, 32 per cent against 33 per cent. This lessened death rate can be explained possibly on the grounds that the ages of the patients admitted from Manhattan is a trifle over the average age of those from Suffolk County. Forty-seven per cent of the patients admitted from Manhattan are over the ages of 50, while only 45 per cent of those from Suffolk County are over that age.

In the beginning of this article, the following questions were asked :

1. Is the rate of insanity less in Suffolk County than in New York County? It is considerably higher for Suffolk County, the rate being 84 per 100,000 as against 79 per 100,000 for the Borough of Manhattan. As regards this rate of 79 to the 100,000 in the Borough of Manhattan, it is only approximate. Difficulty has been found in excluding cases belonging to Bronx County, as Dr. Pollock has stated in the "Annual Statistical Review."

2. Are the number of cases of the five predominant psychoses influenced for the better or worse by the different life in these two counties? This answer will have to be qualified. General paralysis makes a very favorable contrast, the percentage being 9 per cent for Suffolk County as against 10 per cent for Manhattan. The percentage of alcoholic psychoses, while a trifle lower than Manhattan, being 8.5 for Suffolk as against 10 for Manhattan, is still quite high, but for the past five years has remained stationary. The senile psychoses shows a large percentage in Suffolk County, being 13 as against 6 for the Borough of Manhattan, indicating that many aged people are not cared for at home in this county, but committed to the State hospitals. Dementia præcox makes a very favorable showing in Suffolk County, the percentage being 18 as against 29 for the Borough of Manhattan. Manic-depressive psychoses are less frequent in Suffolk County, the percentage being 13 as against 22 for the Borough of Manhattan.

3. Are the psychoses from Suffolk County more benign than those from the Borough of Manhattan? The rate of recovery among patients from this county is considerably higher, and possibly the percentage of readmissions is considerably lower.

In closing this paper, I wish to express my thanks to the various physicians from the private institutions and State hospitals who furnished me with these data. As regards the number of cases of senile psychoses in this hospital, which apparently is abnormally high, I have given some explanations, but they do not seem to be adequate, and I should like to ask Dr. Elliott, who has quite a large percentage in his hospital, if he can explain the increased percentage—if conditions in his district are similar to the conditions in Suffolk.

And finally, I wish to state to the representatives from Suffolk County that the statistics are fairly favorable to them; that the residents of Suffolk County are no worse, and in many ways better than their neighbors, but yet they have no cause to boast, else they would be classed with the proud Pharisee who exclaimed: "Thank God, I am not like other men."

RECENT STATISTICS OF THE INSANE IN THE NEW YORK STATE HOSPITALS*

BY HORATIO M. POLLOCK, PH. D.,
Statistician, State Hospital Commission.

During the past sixteen months, three special censuses of the insane in the State hospitals have been taken. The first of these was a general census taken by the State Census Bureau in June, 1915; the second, a special study of patients over 50 years of age, made by the superintendents and other medical officers on January 1, 1916; and the third, a census of patients according to psychoses taken by the medical staffs on July 1, 1916.

The State Census Bureau in making the enumeration of the patients, used the same schedules as were used in enumerating ordinary citizens. Unfortunately, the Census Bureau made no separate tabulation of the insane, and the report of the Bureau gives no data concerning the number of insane in the State. In order to answer definitely certain questions that were being raised concerning the ages of the patients in the civil State hospitals, we borrowed from the Census Bureau the original schedules prepared by the enumerators at the State hospitals. From these schedules we prepared tables showing the distribution of the patients according to age groups in each of the hospitals, and also ascertained the average age of the insane in each hospital. It was found that 1.1 per cent of the patients under treatment were under 20 years of age; 3.7 per cent between 20 and 25 years; 6.8 per cent between 25 and 30 years; 9.2 per cent between 30 and 35 years; 11.2 per cent between 35 and 40 years; 12.4 per cent between 40 and 45 years; 12.7 per cent between 45 and 50 years; 11.5 per cent between 50 and 55 years; 10.1 per cent between 55 and 60 years; 7.9 per cent between 60 and 65 years; 5.8 per cent between 65 and 70 years; 3.8 per cent between 70 and 75 years; 2.3 per cent between 75 and 80 years; and 1.7 per cent over 80 years. Fifty-seven and nine-tenths per cent of the patients

* Paper read at the Quarterly Conference held at Central Islip State Hospital, October 18, 1916.

were between 35 and 60 years of age. The total number of female patients exceeded that of the males by 2,468. The females above the age of 50 exceeded the males above that age by 2,051. The percentages above 50 years of age were 45.7 and 40.0 respectively.

The average age in years of the patients in the civil State hospitals were as follows: Utica, 49.25; Willard, 52.83; Hudson River, 47.96; Middletown, 50.66; Buffalo, 48.11; Binghamton, 51.52; St. Lawrence, 50.12; Rochester, 48.48; Gowanda, 49.43; Kings Park, 43.90; Brooklyn, 47.17; Manhattan, 43.65, and Central Islip, 44.62. General average, 47.29. The patients in the up-State hospitals averaged about 5 years older than the patients in the metropolitan hospitals.

The purpose of the special inquiry made on January 1, 1916, relative to the mental and physical condition of patients in the civil State hospitals, who were over 50 years of age was to ascertain facts on which to base a plan for the care of this class of patients. The census reported by the superintendents of the several hospitals showed that the patients over 50 years of age on that date numbered 14,464, or 41.8 per cent of the total patients. The males numbered 6,165, and the females 8,299. Of the total 14,464 patients over 50 years of age, 3,176, or 22 per cent, were feeble or bedridden; 1,811 others, or 12.5 per cent, were violent, suicidal or homicidal; 369 others, or 2.6 per cent, were epileptic; 3,283 others, or 22.7 per cent, were reported as infirm or needing special hospital care for physical or mental ills. The able-bodied patients over 50 years of age numbered 5,777 or 39.9 per cent. Of these, 4,209 were workers, and 1,568 non-workers. The patients over 50 years of age that were reported as needing custodial care only, numbered 4,646, or 32.1 per cent, and 4,179 of these were considered transferable cases.

The reports concerning the mental and physical condition of the patients over 50 years of age varied greatly in the several hospitals. The percentage of cases reported as feeble or bedridden in all the hospitals was 22. The percentages reported by the several hospitals were: Utica, 22.3;

Willard, 20.5; Hudson River, 22.8; Middletown, 26.5; Buffalo, 30.1; Binghamton, 15.9; St. Lawrence, 41.3; Rochester, 20.0; Gowanda, 18.1; Kings Park, 14.4; Brooklyn, 16.7; Manhattan, 22.6; Central Islip, 16.3. The lowest percentage, 14.4, was reported from Kings Park, and the highest, 41.3, was reported from St. Lawrence. It is evident that the terms "feeble" and "bedridden" did not mean the same thing to all of the reporting physicians.

The percentage of cases above 50 years of age, not included in the feeble or bedridden class, that were violent, suicidal, or homicidal, or who made attempts to escape, was 12.5. The lowest percentage in this class was 3, reported from Brooklyn, and the highest percentage, 20.7, reported from Willard. The percentage of patients over 50 years of age that were able-bodied, was 39.9. The percentages in this class reported by the several hospitals were: Utica, 53.7; Willard, 13.9; Hudson River, 43.5; Middletown, 31.1; Buffalo, 29.7; Binghamton, 27.0; St. Lawrence, 27.6; Rochester, 41.5; Gowanda, 58.6; Kings Park, 42.9; Brooklyn, 64.4; Manhattan, 61.1; Central Islip, 47.0. The highest percentage, 64.4, was reported from Brooklyn, and the lowest 13.9, was reported from Willard.

The average percentage of patients over 50 years of age reported as needing custodial care only, was 32.1. The percentage reported from Utica was 53.7; Willard, 5.4; Hudson River, 23.0; Middletown, 20.5; Buffalo, 27.3; Binghamton, 16.9; St. Lawrence, 30.0; Rochester, 41.5; Gowanda, 58.6; Kings Park, 25.3; Brooklyn, 36.4; Manhattan, 64.3; Central Islip, 37.4. The highest percentage, 64.3, was reported from Manhattan; and the lowest percentage, 5.4, was reported from Willard.

It is hardly believable that the patients in the several hospitals differ as much as these figures would indicate. There are undoubtedly wide differences to be found in the patients of the several hospitals, but the difference in attitude and interpretation on the part of the physicians who made the enumerations in the several hospitals was evidently wider.

The census taken of the patient population according to psychoses, on July 1, 1916, was the first of its kind ever taken in the State hospitals. The reports indicate that this census was carefully taken and we believe that it will furnish a satisfactory basis for the computation of recovery rates and death rates according to psychoses.

Table 1, of the accompanying statistical tables, shows the per cent distribution of the principal psychoses in the several State hospitals. The most striking fact shown by the table is the high percentage of dementia præcox cases in the patient population. The dementia præcox and allied to dementia præcox groups, together constitute 57.31 per cent of the total patients in the State hospitals. The manic-depressive and allied to manic-depressive groups constitute 9.84 per cent, only about one-sixth as many as the dementia præcox groups. The alcoholic group is next largest, with a percentage of 4.68; and paranoic conditions next with a percentage of 4.66.

The highest percentage of dementia præcox cases were reported in Gowanda and Middletown; and the lowest in Utica and Binghamton. In the allied to dementia præcox group, the highest percentage is in Kings Park; and the lowest in Utica. In the manic-depressive group the highest percentages are found in Central Islip and Willard; the lowest in St. Lawrence and Middletown. In the allied to manic-depressive group, Kings Park has the highest percentage; and Hudson River the lowest. In the alcoholic group, Brooklyn has the highest percentage, and Gowanda the lowest. Utica reports a percentage of 12.4 in the paranoic group, which is nearly three times the average percentage of 4.66. The small percentages of paretic and arteriosclerotic cases are probably due to the short hospital life of these cases.

The statistics for the nine months period ending June 30, 1916, are far from complete, but we have compiled a few comparative tables showing operations and results in the several State hospitals. These tables will be furnished to each of the State hospitals so that each hospital may compare its work with that of the others.

Table 2 shows the first admissions and readmissions to each of the hospitals during the period, together with the percentages of total patients and of total admissions. The high admission rate of the Brooklyn State Hospital, compared with the size of the hospital, is noteworthy. Of the up State hospitals, Utica has relatively the most active reception service.

Table 3 shows the paroles in the State hospitals on June 30, 1916, and Table 4 the average number on parole during the nine months ending June 30, 1916. The total number of patients on parole at the end of the year was 1,340, an increase of 187 over the number on parole on October 1, 1915. The percentage on parole increased from 3.4 to 3.8. The daily average on parole during the nine months period was 1,346, an increase of 166 over the average for the year ending September 30, 1915. The hospitals having the highest average percentage of patients on parole during the period were Central Islip, Utica and Kings Park.

Tables 5, 6, 7 and 8 deal with discharges from the several hospitals. The percentages given in the tables are not comparable with the percentages computed for one year periods in our annual tables, but they are useful in comparing the discharges from the several State hospitals during the period covered. On the basis of all admissions, which we consider most satisfactory, we find that two of the hospitals have a recovery rate of over 34 per cent, while six of the hospitals have a rate of less than 20 per cent. The percentages of patients discharged as much improved vary even more widely than of those discharged as recovered. Based on all admissions, the percentage of patients discharged as much improved, from Willard and Gowanda was 4.6; while from Hudson River the percentage was 17.5, and from Binghamton, 14.7. The variations in the percentages of cases discharged as improved as shown by Table 7, were considerably less than in the preceding table. The lowest percentage of cases discharged as improved, was 5.4, at Brooklyn; and the highest, 15.7, at Rochester. The percentages of total patients discharged benefited by treatment, shown in Table 8, are more in agreement than those of the

separate groups of discharges, but even here the differences are greater than would be expected. Our statistics of discharged patients would be more valuable if the terms "recovered" "much improved" and "improved" were standardized and uniformly applied in discharging patients from all the hospitals.

Table 9 shows the number of deaths in the several hospitals during the nine months period, and the death rate per thousand, based on total under treatment and on average daily population. These rates also are not comparable with the rates previously published for one year periods. The high death rate in the Brooklyn State Hospital stands out in marked contrast to the rates in the other hospitals. The death rate in this hospital was higher during this period than during the year ending September 30, 1915, while the rate of all the other hospitals, except Utica, was considerably lower. The high rate at Brooklyn is due to the admission of the physically sick and infirm patients of the city of Brooklyn, while the able-bodied patients are sent to Kings Park. The average death rate in all the hospitals in 1915, based on total under treatment, was 73.6, and based on daily average population, 89.7. During the nine months period ending June 30, 1916, the average rates were 61.1 and 72.6 respectively. The differences in the death rates in the several hospitals are worthy the careful consideration of the administrative officers.

Table 10 gives a comparison of monthly variations in first admissions, readmissions, discharges and deaths from October, 1914 to June, 1916. It will be noted that a marked increase in both first admissions and readmissions occurs during the summer months. The admissions in June, 1915, were 124 more than in October, 1914, and the admissions in June, 1916, were 132 more than in the preceding October. In 1915, the highest number of deaths occurred in March. In 1916, the highest number occurred in January. In 1915, the greatest number of discharges occurred in September, and in 1916, in June. The discharges in June, 1916, were 190 more than in June, 1915. The difference was partly due to the change in the close of the fiscal year from Septem-

ber 30 to June 30. A marked rise in discharges in March, 1915, is noted. The average number of first admissions per month during the nine months period was 545. During the yearly period ending September 30, 1915, the average was 517. The average monthly discharges during the nine months period was 316; during the preceding year, 333. The average deaths per month during the nine months period was 280, and during the preceding year, 253. The excess of all admissions over discharges and deaths average 96 per month during the nine months period, and 75 per month during the preceding year. It is apparent from the averages for the nine months period, that until the war ceases, provision must be made for an increase of approximately 1,200 patients a year in our civil State hospitals.

Table 11 shows the per cent distribution of certain psychoses among the first admissions during 1913, 1914, 1915 and 1916. We called attention last year to the fact that wide variations occurred in the percentages of mental diseases reported from the various hospitals, and emphasized the need of standardizing diagnoses throughout the service. The reports for the nine months period ending June 30, 1916, indicate that some progress has been made, but there is still room for improvement. Note the wide variations in the percentages of dementia præcox cases, which vary from 3.8 per cent in Brooklyn to 30.6 per cent in Hudson River; also in manic-depressive cases, which vary from 3.5 per cent in Hudson River to 23.9 in Central Islip.

In comparing the percentages for the four years, some very remarkable changes appear. The percentage of manic-depressive cases in Willard increased from 6.1 in 1913 to 22.1 in 1915; while the percentage of cases of the same psychosis in Hudson River decreased from 18.5 in 1913 to 3.5 in 1916. In the dementia præcox group the percentages of these two hospitals change in the reverse order. The senile group has remained fairly stationary in the several hospitals. A slight increase is noted in the dementia paralytica group. The alcoholic group declined from 1913 to 1915 but a slight relative increase is noted in 1916.

It is hoped that the conferences of the medical staffs with the director of the Psychiatric Institute, the medical inspector and the statistician, which were begun last year, may be completed. These conferences should result in giving the staffs of the various hospitals the same point of view with reference to diagnosis, and should produce more uniform statistical reports from the several hospitals.

In closing, I wish to express my sincere appreciation of the co-operative interest manifested by the superintendents and the medical officers in the statistical work we are carrying on. By united effort towards the same end a higher degree of perfection in our statistical work will be attained.

TABLE No. 1. PER CENT DISTRIBUTION OF PRINCIPAL PSYCHOSES IN THE PATIENT POPULATION
OF THE STATE HOSPITALS, JULY 1, 1916

Psychoses	Total	Utica	Willard	Hudson River	Middletown	Buffalo	Binghamton	St. Lawrence	Rochester	Gowanda	Kings Park	Brooklyn	Manhattan	Central Islip
Senile	3.83	4.57	3.27	4.92	2.28	3.64	2.97	4.84	3.44	3.52	2.28	9.36	3.51	4.83
With cerebral arteriosclerosis.....	1.28	1.60	1.39	1.28	0.23	1.18	1.10	1.95	0.89	1.25	0.72	4.27	2.06	0.76
Dementia paralytica.....	3.76	3.56	2.09	2.24	1.60	3.23	1.47	2.80	3.44	5.63	3.98	7.23	5.38	5.63
Alcoholic	4.68	5.75	3.89	5.21	3.28	5.64	4.64	2.18	4.15	1.33	3.24	8.06	5.42	6.74
Manic-depressive	6.84	8.06	9.00	5.71	4.97	6.78	6.84	4.26	5.33	6.42	7.30	5.33	6.23	9.22
Allied to manic-depressive.....	3.00	3.56	2.29	1.51	2.78	1.91	3.79	1.64	2.79	3.13	5.35	2.37	3.14	2.81
Involution melancholia.....	2.21	4.45	3.68	3.09	2.78	2.46	2.73	2.27	5.16	0.47	0.83	2.01	1.05	1.32
Dementia precox.....	53.81	39.32	54.40	56.90	60.36	56.43	45.99	60.37	54.12	60.88	52.65	46.33	54.43	52.95
Allied to dementia precox.....	3.50	0.4	1.19	3.06	2.92	0.68	4.60	2.84	1.07	2.11	9.67	1.90	4.79	1.68
Paranoic conditions and paranoid.	4.66	12.4	5.73	2.04	8.49	4.27	4.15	3.95	6.11	3.21	3.91	4.62	3.59	4.09
Epileptic	3.58	3.32	4.54	4.02	3.47	4.23	3.30	3.60	2.96	3.91	4.00	2.49	3.69	2.63
Constitutional inferiority.....	1.30	3.97	1.43	.76	1.19	0.64	1.83	0.93	1.48	0.16	0.65	0.71	1.40	1.76
Mental deficiency.....	3.70	5.40	5.15	6.00	3.60	5.59	3.58	5.55	3.62	5.63	3.00	0.71	1.63	2.73
Unclassified	1.96	1.13	0.1	2.53	0.05	0.73	10.88	0.75	1.66	0.31	1.15	1.42	2.10	1.54

TABLE No. 2. ADMISSIONS TO THE STATE HOSPITALS
DURING THE NINE MONTHS ENDING JUNE 30, 1916

Hospital	All admissions	First admissions			Readmissions		
		Number	Per cent of total patients	Per cent of total admissions	Number	Per cent of total patients	Per cent of total admissions
Utica	313	249	14.8	79.6	64	3.8	20.4
Willard	219	158	6.5	72.1	61	2.5	27.9
Hudson River..	395	317	9.2	80.3	78	2.3	19.7
Middletown ...	181	142	6.5	78.5	39	1.8	21.5
Buffalo	338	260	11.8	76.9	78	3.5	23.1
Binghamton ...	198	150	6.1	75.8	48	2.0	24.2
St. Lawrence...	250	194	8.6	77.6	56	2.5	22.4
Rochester	300	218	12.9	72.7	82	4.9	27.3
Gowanda	197	140	11.0	71.1	57	4.5	28.9
Kings Park....	924	724	15.7	78.4	200	4.3	21.6
Brooklyn	392	343	40.6	87.5	49	5.8	12.5
Manhattan	1348	1068	20.7	79.2	280	5.4	20.8
Central Islip...	1168	940	18.8	80.5	228	4.6	19.5
Total.....	6223	4903	13.9	78.8	1320	3.7	21.2

TABLE No. 3. PAROLES OF STATE HOSPITALS ON
JUNE 30, 1916

Hospital	Patients on books of hospital	Patients on parole	
		Number	Per cent of total
Utica	1,686	74	4.4
Willard	2,445	61	2.5
Hudson River....	3,434	79	2.3
Middletown	2,192	41	1.9
Buffalo	2,199	63	2.9
Binghamton	2,455	55	2.2
St. Lawrence.....	2,251	92	4.1
Rochester	1,687	84	5.0
Gowanda	1,278	30	2.3
Kings Park.....	4,602	307	6.7
Brooklyn	844	9	1.1
Manhattan	5,152	182	3.5
Central Islip.....	4,988	263	5.3
Total.....	35,213	1,340	3.8

TABLE No. 4. AVERAGE NUMBER ON PAROLE DURING
NINE MONTHS ENDING JUNE 30, 1916

Hospital	Average daily population	Daily average of patients on parole	
		Number	Per cent
Utica	1,681	93	5.5
Willard	2,450	63	2.6
Hudson River....	3,434	108	3.1
Middletown	2,187	57	2.6
Buffalo	2,186	74	3.4
Binghamton	2,469	55	2.2
St. Lawrence.....	2,215	79	3.6
Rochester	1,611	77	4.8
Gowanda	1,253	22	1.8
Mohansic	20		
Kings Park.....	4,536	243	5.4
Brooklyn	836	27	3.2
Manhattan	4,951	145	2.9
Central Islip.....	4,917	303	6.2
Total.....	34,746	1,346	3.9

TABLE No. 5. PATIENTS DISCHARGED AS RECOVERED,
NINE MONTHS ENDING JUNE 30, 1916

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total under treatment
Utica	79	31.7	25.2	4.0
Willard	75	47.5	34.2	2.7
Hudson River..	87	27.4	22.0	2.2
Middletown	62	43.6	34.3	2.6
Buffalo	67	25.8	19.8	2.7
Binghamton ...	55	36.7	27.8	2.0
St. Lawrence...	52	26.8	20.8	2.1
Rochester	54	24.8	18.0	2.8
Gowanda	31	22.1	15.7	2.2
Kings Park.....	136	18.8	14.7	2.5
Long Island....	98	28.6	25.0	7.9
Manhattan	195	18.3	14.5	3.1
Central Islip....	195	20.7	16.7	3.2
Total.....	1,186	24.2	19.1	2.9

TABLE No. 6. PATIENTS DISCHARGED AS MUCH
IMPROVED, NINE MONTHS ENDING
JUNE 30, 1916

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total under treatment
Utica	21	8.4	6.7	1.0
Willard	10	6.3	4.6	0.4
Hudson River..	69	21.8	17.5	1.8
Middletown	13	9.2	7.2	0.5
Buffalo	27	10.4	8.0	1.1
Binghamton	29	19.3	14.7	1.1
St. Lawrence...	15	7.7	6.0	0.6
Rochester	32	14.7	10.7	1.6
Gowanda	9	6.4	4.6	0.6
Kings Park.....	122	16.9	13.2	2.3
Brooklyn	22	6.4	5.6	1.8
Manhattan	77	7.2	5.7	1.2
Central Islip....	131	13.9	11.2	2.1
Total.....	577	11.7	9.3	1.4

TABLE No. 7. PATIENTS DISCHARGED AS IMPROVED,
NINE MONTHS ENDING JUNE 30, 1916

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total under treatment
Utica	39	15.7	12.0	1.9
Willard	28	17.1	12.8	1.0
Hudson River..	43	13.6	10.9	1.1
Middletown	25	17.6	13.8	1.0
Buffalo	32	12.3	9.5	1.3
Binghamton	27	18.0	13.6	1.0
St. Lawrence...	22	11.3	8.8	0.9
Rochester	47	21.6	15.7	2.4
Gowanda	21	15.0	10.7	1.5
Kings Park.....	96	13.3	10.4	1.8
Brooklyn	21	6.1	5.4	1.7
Manhattan	102	9.6	7.6	1.6
Central Islip....	136	14.5	11.6	2.2
Total.....	639	13.0	10.3	1.5

TABLE No. 8. TOTAL PATIENTS DISCHARGED
BENEFITED BY TREATMENT, NINE MONTHS
ENDING JUNE 30, 1916

Hospital	Number	Per cent of first admissions	Per cent of all admissions	Per cent of total under treatment
Utica	139	55.8	44.4	6.9
Willard	113	71.5	51.6	4.1
Hudson River..	199	62.8	50.0	5.8
Middletown	100	70.5	55.2	4.1
Buffalo	126	48.5	37.3	5.0
Binghamton	111	74.0	56.1	4.1
St. Lawrence...	89	45.8	35.6	3.6
Rochester	133	61.0	44.3	6.8
Gowanda	61	43.5	31.0	4.2
Kings Park.....	354	48.9	38.3	6.5
Brooklyn	141	41.1	36.0	11.3
Manhattan	374	35.0	27.7	5.9
Central Islip....	462	49.1	39.6	7.6
Total.....	2,402	49.0	38.6	5.8

TABLE No. 9. DEATHS IN STATE HOSPITALS DURING
THE NINE MONTHS ENDING JUNE 30, 1916

Hospital	Number	Death rate based on total under treatment	Death rate based on daily average population
Utica	165	81.9	98.2
Willard	150	54.9	61.2
Hudson River..	240	61.2	69.9
Middletown	108	44.6	49.4
Buffalo	143	57.5	65.4
Binghamton	123	45.3	49.8
St. Lawrence...	118	47.4	53.3
Rochester	115	58.9	71.4
Gowanda	63	44.2	50.3
Kings Park.....	290	53.4	63.9
^a Brooklyn	182	145.8	217.7
^b Manhattan ...	427	66.9	86.2
Central Islip....	398	65.2	80.9
Total.....	2,522	62.1	72.6

^a Brooklyn State Hospital receives the feeble and infirm patients from the city of Brooklyn; most of the able-bodied are sent to Kings Park.

^b Manhattan State Hospital receives the New York City patients that are too feeble to be taken to Central Islip.

TABLE No. 10. COMPARISON OF MONTHLY VARIATIONS
IN FIRST ADMISSIONS, READMISSIONS,
DISCHARGES AND DEATHS

	First admissions		Readmissions		Discharges		Deaths	
	1915-1916	1914-1915	1915-1916	1914-1915	1915-1916	1914-1915	1915-1916	1914-1915
October	493	484	133	135	231	257	260	230
November ...	500	448	135	108	300	305	255	271
December	469	505	145	121	245	310	307	243
January	494	482	157	151	253	313	334	253
February	526	454	150	127	291	312	315	236
March	586	475	139	165	335	410	290	324
April	589	579	141	165	354	292	247	279
May	621	565	177	158	345	307	268	272
June	625	608	143	166	491	301	246	235
July		603		187		299		231
August		503		126		313		223
September ...		498		121		581		239
	4903	6204	1320	1730	2845	4000	2522	3036
Average per month	545	517	147	144	316	333	280	253

TABLE II. PER CENT DISTRIBUTION OF CERTAIN PSYCHOSES AMONG FIRST ADMISSIONS, 1916, 1915, 1914 AND 1913

STATE HOSPITAL	Senile				Dementia paralytica				Alcoholic insanity				Involution melancholia				Dementia praecox				Allied to de- mentia praecox				Paranoid conditions				Manic- depressive				Allied to manic- depressive				Psycho- neuroses			
	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913	1916	1915	1914	1913
Utica.....	11.6	13.0	12.4	13.3	9.6	10.5	9.6	9.1	10.8	5.7	6.4	11.2	7.2	5.7	4.5	6.7	10.8	16.1	12.1	11.2	0.8	0.8	1.6	0.3	8.0	4.8	4.8	4.8	10.0	9.3	7.3	13.0	6.8	2.3	3.8	2.1	8.1	1.1	1.3	0.9
Willard	15.8	20.8	19.7	19.3	8.9	5.2	9.0	5.6	5.1	7.4	9.0	10.7	6.3	4.3	5.9	3.6	7.0	6.5	7.4	12.2	0.6	1.6	2.0	5.1	3.5	3.7	6.1	17.7	22.1	9.6	6.1	4.4	1.7	3.2	2.5	.6	0.9	2.1	3.0
Hudson River ..	12.0	10.7	11.2	9.4	7.3	9.6	9.4	11.0	6.0	4.5	8.7	10.3	6.3	5.3	6.6	1.4	30.9	32.8	20.1	17.1	4.4	1.8	0.7	1.4	1.4	1.2	3.2	4.9	10.5	18.5	2.2	1.6	0.2	1.2	1.3	0.4	1.8	1.9
Middletown ..	8.5	5.2	10.0	9.0	4.2	5.7	7.2	4.1	7.7	9.2	6.1	11.0	9.2	8.0	7.8	5.5	10.6	4.8	11.7	11.7	6.3	2.9	1.7	1.4	5.6	9.8	7.2	8.3	14.8	10.9	8.3	8.3	4.2	3.4	2.8	3.4	2.8	4.0	7.2	6.2
Buffalo.....	11.9	13.0	7.5	10.7	13.8	11.8	11.7	9.3	9.6	8.5	10.0	12.4	6.2	4.5	4.4	4.5	19.6	18.2	19.7	18.6	1.9	0.9	1.7	0.7	1.9	2.7	2.5	2.7	11.9	11.5	7.8	10.3	.8	3.3	3.3	3.4	1.5	3.3	2.5	3.4
Binghamton ..	6.7	9.5	8.3	12.9	5.3	4.7	7.4	4.3	4.0	5.2	5.4	7.1	12.0	5.8	9.3	5.7	7.3	13.4	16.2	4.8	4.0	5.2	2.5	0.5	2.7	2.6	2.5	3.8	12.7	4.7	2.9	8.6	.7	3.2	1.0	1.4	2.7	2.1	4.4	12.4
St. Lawrence ..	9.3	11.8	11.8	13.6	10.3	9.2	7.0	7.5	6.2	7.3	8.9	13.6	5.2	3.8	3.0	3.0	11.4	13.4	12.2	9.8	4.1	5.1	3.0	2.6	4.1	3.2	3.3	2.6	9.3	13.7	7.0	15.8	2.6	2.9	2.6	2.3	2.6	1.6	3.7	3.0
Rochester.....	11.6	12.4	11.5	12.4	13.8	12.0	8.9	8.6	5.5	7.9	9.3	8.3	7.8	6.1	9.7	6.2	25.2	21.7	21.2	21.4	0.7	1.1	1.0	6.0	8.2	1.8	4.1	4.1	4.9	3.3	6.2	.9	1.1	1.1	2.1	1.4	3.0	1.9	2.4
Gowanda.....	7.9	4.0	9.1	5.6	15.7	16.1	16.0	23.1	7.9	8.1	7.1	13.1	0.7	2.0	0.6	1.3	10.0	18.1	21.6	20.6	2.1	0.6	5.0	5.1	4.6	6.3	19.3	14.8	6.9	5.0	2.1	1.3	1.3	.7	1.3	4.0	0.6
Kings Park.....	5.8	3.7	5.1	4.9	14.2	14.1	13.4	13.5	4.4	3.5	5.7	6.0	1.0	1.2	1.1	1.5	17.1	22.6	16.7	19.6	15.5	19.4	18.8	16.6	1.9	2.3	2.1	2.4	11.7	7.2	7.6	7.0	11.0	6.1	7.8	2.1	1.4	1.0	1.2	1.1
Brooklyn.....	19.8	20.8	16.9	17.6	12.0	10.0	10.9	11.9	11.7	8.1	10.7	10.5	1.2	1.6	1.1	1.6	3.8	4.6	7.4	8.4	1.7	4.9	1.6	2.1	1.5	2.4	1.6	3.3	8.2	9.5	7.9	10.8	2.0	3.8	4.9	0.9	2.0	0.8	1.1	1.3
Manhattan.....	8.7	7.8	7.5	9.4	17.9	17.1	15.6	13.9	4.3	4.1	5.4	7.5	.7	0.6	0.7	0.2	22.0	20.7	19.1	17.4	8.0	6.6	5.9	3.5	.9	1.6	2.6	1.8	7.4	8.9	11.0	12.6	6.0	4.4	4.1	1.2	.6	0.6	0.9	0.4
Central Islip...	9.1	5.6	5.3	6.5	13.0	16.6	13.8	17.8	5.1	5.1	8.5	10.0	2.4	1.1	2.0	1.4	23.7	30.8	23.4	22.1	1.6	3.5	2.3	2.2	3.6	2.6	2.4	2.2	23.9	15.4	18.8	14.3	4.6	3.8	2.7	0.6	.6	0.8	0.8	0.6
Total.....	9.9	9.2	8.7	9.8	13.1	13.1	12.3	12.7	6.1	5.6	7.4	9.4	3.4	2.7	3.0	2.2	18.5	21.3	18.0	16.8	5.4	5.5	2.1	3.8	2.6	2.9	2.8	2.9	12.3	10.6	10.6	11.6	5.0	3.6	3.6	1.5	1.2	1.2	1.7	1.7

THE NURSING PROFESSION*

BY HON. HUGO HIRSH,

President, Board of Managers, Brooklyn State Hospital.

Nursing is a profession of self-sacrifice and devotion. It is a profession in which the head has not been educated at the expense of the heart. It is a profession of kindness, care and consideration for others. It is a profession which makes love of others paramount to love of self. It is also a profession full of happiness; for the greatest happiness that comes to us is the doing for those who can not do for themselves, helping the helpless, and in doing that lovingly we make not only happiness for ourselves but we make life worth the living for ourselves and others.

The time you have spent in this institution in the service of the State has been and is a test of your character, and this test is: Do you possess courage and enthusiasm for your calling and do you appreciate that it should be sacred to you; sacred because all good work is sacred; sacred because the work in this institution must emphasize to you the grave responsibility that has been given you; responsibility that almost makes you into gods, for it gives you power over life and death? A drop or two too much here or a drop or two not given at all or other things not done may send your patient across the river Styx and none be the wiser, except the doctor, yourself and your conscience. And so it is easy to recognize the fact how sacred your calling must be. There will be many times when it will receive your prayers and I know you will not pray for easy lives but rather to make you stronger men and women. You will pray not for tasks equal to your power but rather for powers equal to your tasks. You will recognize the fact that you are the arms, the eyes, the brain for the time being of the physician or the surgeon, and so you will feel that sacred as the sick room is, so your profession will be in the nature of a religion to you, and for that religion permit me to give you a commandment: Thou shalt be cheerful.

*Address delivered to the graduates of the School of Nursing of the Brooklyn State Hospital. September 29, 1916.

Cheerfulness in the sick room, cheerfulness in this institution is at least half the medicine, if not at times worth all the medicine. The nurse that is not cheerful to her patient has lost the great object of her profession, namely, to help the patient.

In this institution your attention is given to persons whose minds are temporarily or permanently imprisoned. Their lives are blackened by the pall of insanity. Their intelligence is in a cloud, which may never be lifted. They need your cheerfulness, even if their disease does not permit them to understand it. Yet the smile of cheerfulness is sure to do them good and will help you too. To you who may go out of this institution to attend the sick, I say that when after a restless night you find your patient is not in a very good condition and yet with a smile you say to him: "You are doing fine; you are getting well; the physician will see a great change in you" even if you believe that within the hour he may pass away, you will get your reward in the knowledge that the optimism that came with your cheery words and smile will bring a smile to the wan face of the patient and will aid in his recovery.

Of course, there are patients and patients. There are patients who may misunderstand you and your instructions, which brings to my mind the story of a guest at a French inn, who was greatly disturbed one night by a series of incessant jumps and bumpings that appeared to proceed from the room directly overhead. In the morning he complained to the hotel manager and asked to have the mystery cleared up. A little later the manager brought a foreign-looking individual and introduced him to the guest, saying: "This is Baron Von Kotchum Scolinsky, who occupies the room above you. Perhaps he can tell us what was the noise you complained of."

"Why," said the Baron indignantly, "it was the doctor's instructions. He leafed me a bottle of medicine, which say: 'Take the mixture two nights running, then skip the third night' and so I do it. I haf run the first two nights and last night I skipped."

Remember also in another respect the sacredness of your

profession, whether here in this institution or in outside sick rooms. You will see things, you will hear things that do not belong to you. You hear them and you see them because you are a nurse in a sick room. They belong to that room, except so much as you may learn which should be imparted to the physician or surgeon attending the patient, but all the rest of it, no matter what it may be, you must not impart to a friend, no matter how close he may be to you. Remember what the Talmud says: "Thy friend hath a friend and thy friend's friend hath a friend: be discreet." And remember that it should never be known by anyone what has occurred in the sick room when you were in it. There in the sanctity of that sick room, words are spoken by husband, wife, parent, child, brother, sister or other relative, which were never intended for your ears. Forget it all; forget it all.

You have entered a profession of ideals. There is no money in your profession. You have not entered it for the purpose of making money. Your success can not be measured by the amount of gain that comes to you. But your success is typical of the fact that money does not mean success, because, at most, the profession gives you a living, and that you could make in almost any employment wherein intelligence and care and attention are needed, and yet here you have devoted years of your life, study, patience, days and nights without sleeping until you have reached this hour, which is to be the culmination of all that time and effort.

So at this hour I ask you to stand by your ideals. Permit no action or inaction of yours to be a blot upon your conscience, and in that connection and in conclusion let me remind you of the words of Omar Khayyam:

"The moving finger writes, and having writ
 Moves on; nor all your piety nor wit
 Can lure it back to cancel half a line;
 Nor all your tears wipe out a word of it."

REPORT OF THE COMMITTEE ON DIETARY AND FOOD SUPPLIES

To the State Hospital Commission and the Quarterly Conference:

The Committee on Dietary and Food Supplies appointed by the Commission on June 23, 1916, to make a study of the food supplies of the New York State Hospitals, respectfully reports as follows:

A questionnaire prepared by the Committee was forwarded to each of the hospitals to be filled out. This questionnaire covered the population and also each food supply which the institutions issued for the nine months ending June 30, 1916. It was deemed best to consider all the food supplies of the institutions rather than only those for which there is a daily per capita ration allowance.

Two summary sheets accompany this report; the first showing the population, food issue, proteid and caloric values and the second showing the total issue and daily average per capita of the food supplies for which there is a daily ration allowance. From these sheets it will be seen that the daily average number of persons receiving meals at the institutions during the nine months period was 39,295.2; total pounds of food issued 39,398,821; total grams of protein 1,131,108,498.9; total calories 32,528,629,230; average pounds of food issued per person during the nine months 1,002.64; grams of protein per person for the nine months 28,784.92; calories per person for the nine months 827,802.12. The daily average per capita issue of food for the nine months was as follows:

Pounds of food	3.6593
Ounces	58.549
Grams of protein	105.05
Calories	3,021.18

The Rochester State Hospital shows the highest daily average per capita issue of food per person, 4.2305 pounds or 67.688 ounces.

The Willard State Hospital shows the highest daily average per capita grams of protein, 123.57, and also calories, 3,282.18.

The institutions showing the lowest issues are as follows:
Central Islip State Hospital—

Pounds of food.....	3 0904
Ounces.....	49.446
Grams of protein.....	76.33

The Manhattan State Hospital is the lowest in calories, 2,811.44.

The average issue for all the hospitals of food supplies for which there is a daily per capita ration allowance is as follows:

Meats (including poultry, fish, oysters and clams).....	8 780 oz
Farinaceous foods.....	12 2535 oz
Potatoes.....	8.5867 oz
Eggs.....	.5072 egg
Milk.....	1.0316 pt
Butter.....	1.3149 oz
Cheese.....	.2128 oz
Sugar.....	1.8767 oz
Tea.....	.1183 oz
Coffee....	.4338 oz
Dried fruit.....	.4107 oz

A study of these per capitas shows that where an institution is low in the use of meat it is usually high in the use of eggs or farinaceous foods as compared with the other institutions.

The average per capita issue of food supplies for which there is a ration allowance is less than the present daily per capita allowance. Between the high and the low institutions there is quite a difference. The Committee, however, would be adverse to recommending that the high institutions be reduced to the per capita use of the lower ones unless it be brought about automatically and not in an arbitrary manner; for we feel it would be unfair to the institutions to expect that they could at once drop from the food supplies which they are now issuing to the quantities which the summary sheets show the low institutions use. Such a

change as this should be made very slowly for unless this is done the Committee feels that some of the patients might be deprived of a proper quantity of food.

We do not find that any of the institutions have used an excessive amount of food. This opinion is based on the following authorities from which we will quote:

“Analysis and Cost of Ready-to-Serve Foods” by F. C. Gephart, Chemist of the Russell Sage Institute of Pathology, in affiliation with the second medical division of Bellevue Hospital, and Graham Lusk, professor of physiology of the Cornell University Medical College, and scientific director of the Russell Sage Institute of Pathology, published by the American Medical Association, 1915, page 14:

Generally speaking, the mass of food ingested serves two functions, the protein is of use in the maintenance and repair of the cell machinery, and the carbohydrate and fat furnish fuel to this machinery that the motions of life may continue. Protein given in excess also serves the purpose of fuel, as do carbohydrates and fat. In the oxidative destruction of these materials in the body heat is liberated. When 1 gram of fat is burned sufficient heat is produced to raise the temperature of 1 liter of water 9.3° C. (= 16.5° F.) Since the unit of heat measurement or the calory is that quantity of heat required to raise 1 liter of water 1° C., it follows that 9.3 calories of heat are set free whenever 1 gram of fat is oxidized. The heat liberated in the body when 1 gram of fat is oxidized is exactly the same as when it burns outside the body. The similar value for starch is 4.1 calories per gram. In the case of protein, 4.1 calories are liberated whenever a gram of this material is oxidized within the organism. When, therefore, protein is consumed in excess, the excess has no greater fuel value than an equal weight of starch. Here then are the fuel resources which keep the body warm, maintain the heart and respiration, and the activity of the other organs, and enable the muscles to perform work. Since every machine requires more fuel when it is active than when it is at rest, it follows that the greater the activity of the body the greater will be the requirement for fuel.

The figures in Table 2 may be accepted as estimates of the fuel requirement of a man weighing 156 pounds (70 kilograms) during a twenty-four hour period.*

It appears from this that that great class of human beings whose business it is to sit at their desks or to watch machinery, and who may walk to and from their work require 2,500 calories. In their class are included writers, draughtsmen, tailors, physicians and other

* Lusk: The Fundamental Basis of Nutrition. Yale University Press, 1914.

professional men, clerks, accountants, etc. Mental effort is accomplished without any increase in the quantity of energy required.

Individuals who stand at their work, such as bakers, dentists, car conductors, decorators and glass workers, require about 3,000 calories. If muscular labor be constant more is required. Thus carpenters making tables and painters painting furniture require 3,300 calories. Farmers require 3,500 calories, stone masons 4,500, lumbermen 5,000 and over, and a man riding in a bicycle race during twenty-three hours requires 10,000 calories a day.

DAILY CALORIC REQUIREMENTS OF 156 POUND (70 K.) MAN

	Calories
Absolute rest in bed without food.....	1,680
Absolute rest in bed with food.....	1,840
Rest in bed 8 hours, sitting in a chair 16 hours with food.....	2,168
Rest in bed 8 hours, sitting in a chair 14 hours walking two hours, with food.....	2,488
Rest in bed 8 hours, sitting in a chair 14 hours vigorous exercise 2 hours, with food.....	2,982

These are facts which at the present time are scarcely open to dispute. The sorrowful part of it is that outside a narrow circle they are practically unknown."

Atwater's Estimate According to Degree of Muscular Activity* is as follows: (See pages 9 and 10 "A Laboratory Hand-Book for Dietetics" by Professor Rose of Columbia University.)

	Calories
Man at moderately active muscular work (like carpenter or mason).....	3,400
Man at hard muscular work (1.2 the food of a man moderately active).....	4,080
Man at light muscular work (0.9 the food of a man moderately active).....	3,060
Man at sedentary occupation (woman at moderately active work (0.8 the food of a man moderately active).....	2,720
Woman at light work (0.7 the food of a man mod- erately active).....	2,380

Dr. H. D. D'Arcy Power, Dean San Francisco Polyclinic and Post-Graduate School, San Francisco, writing in *Modern Hospital* for June, 1916, on page 451, makes the following statement:

* Calculated for the average man weighing 70 kilograms (154 pounds) and the average woman weighing 56 kilograms (123 pounds).

"The average patient may be very much too fat or very much too lean, in which case, if his caloric requirements be fixed by his weight, he will be either over or underfed. The heat loss of the body is really determined by skin area and the skin area corresponds to the height of a patient much more closely than it corresponds to weight. This led me to seek a formula which should easily and with reasonable accuracy give the caloric requirements on a statuary basis. I will not here repeat the grounds for my determination, but will simply state that if 2,000 calories be allowed for a height of 5 feet and 100 calories be allowed for every inch over this measurement, or 40 calories be deducted for every inch under it, we shall have a rapid and quite workable basis for determining the caloric requirements per diem. If the patient is in bed, 25 per cent is deducted from the total quantity; if he be engaged at very severe work, 25 per cent is added thereto."

Further on in his article is given a quantitative diet chart. The entire article is worthy of careful consideration.

The dietary ration allowance of the State Hospitals covers not only the food supply of the patients, but that of the officers and employees. In considering this ration allowance it must be borne in mind that there is a certain number of persons employed in active muscular labor, a certain number of inmates that are disturbed and that require as much food as those engaged in active muscular labor, a certain number who on account of malnutrition require a nourishing diet to build them up, a certain number ill in bed who require a less quantity of food, and it must also be considered that the quantity of food used in the institutions is determined to a considerable extent by whether the population has a larger percentage of males than of females.

In prescribing a dietary ration allowance the Committee feels that the ration allowance prescribed should be a maximum allowance rather than a minimum; in other words, that the institutions should be permitted to use up to a maximum quantity rather than to be required to use only a minimum quantity: To illustrate, we will give two dietary standards which have been suggested for the insane—one prepared by Richards and the other by Atwater—

	Total protein	Digestible or available protein	Available energy or fuel value
	Grams	Grams	Calories
Richards	110	101	3,015
Atwater	85	78	2,450

Richards' quantities may be considered to represent the maximum and Atwater's the minimum.

Mr. Henry C. Wright in his report as Director of the committee on inquiry into the Departments of Health, Charities, and Bellevue and Allied Hospitals in the City of New York, appointed by the Board of Estimate and Apportionment, published in 1913, beginning with page 612 gives the total issue of food, protein and calories for certain of the institutions which were examined. The daily quantities are as follows:

	Consumption per day	Grams per day	Calories per day
Bellevue Hospital.....	4 19	122 32	3,240
Harlem Hospital....	4.52	126.80	3,373
Gouverneur Hospital.....	4.08	119 80	2,959
Fordham Hospital	4 09	124 58	3,356
Metropolitan Hospital. . . .	4.72	143.74	3,795
City Hospital.....	4.52	138.70	3,820
Kings County Hospital.....	3.77	108.79	3,022
Cumberland Street Hospital.	3.67	100.61	3,038
Coney Island Hospital.....	4.46	130 57	3,863
Bradford Street Hospital.....	5.59	162 63	5,100
New York City Home for the Aged and Infirm, Manhattan	3.05	104.96	3,301
New York City Home for the Aged and Infirm, Brooklyn	2.51	85.79	2,640
New York City Farm Colony	2.86	102.66	3,060
New York City Children's Hospitals and Schools.....	3.60	96.97	3,051
Municipal Lodging House....	2.92	93.28	2,740
Municipal Tuberculosis San- atorium, Otisville, N Y....	6.67	189.93	5,126
Kingston Avenue Hospital...	3.75	87.26	2,578
Willard Parker Hospital.....	4.52	116.48	3,205
Riverside Hospital.....	6.03	165.51	4,484

From the foregoing it will be seen that the New York State hospitals show a lesser daily average issue of food supplies than the New York City hospitals. The institutions of New York City which show low daily per capita issues are the New York City Home for the Aged and Infirm, Manhattan; New York City Home for the Aged and Infirm, Brooklyn; New York City Farm Colony, which cares principally for aged and infirm persons; the Municipal Lodging House, foot of East 25th St., where they serve but a light supper and a light breakfast with dinner for

only the lodgers who are allowed to work around the lodging house during the day time.

A comparative study was made of the cost of the food supplies issued by the hospitals for the nine months beginning October 1, 1915 and ending June 30, 1916, which showed that the total cost of food supplies issued was as follows:

Food supplies purchased.....	\$1,612,981 10
Farm products.....	229,598 81
Total.....	<hr/> \$1,842,579 91
The average daily cost per person fed was. ....	.171134
The institution showing the lowest daily per capita cost for food supplies, Kings Park..	.16271
The institution showing the highest daily per capita cost for food supplies, Willard.....	.18387

Accompanying this report is a comparison sheet showing this information in detail.

That the State hospitals have been reasonable in their expenditures for food supplies, is shown by comparing their daily per capita cost of food as above given, with the appropriations made by the Board of Estimate and Apportionment of New York City for institutions under the Department of Charities. Pages 8,513 and 8,519 of the New York City Record of Tuesday, November 9, 1915, give the appropriations for the several institutions, with the daily per capita food allowances for the several classes maintained in the institutions. These daily per capita allowances are: For physicians, 58 cents; for nurses, 41.8 cents; for other employees, 22.5 cents; for ordinary patients, 16.3 cents; and for tuberculous patients in advanced stages, 33.3 cents. It will be noted that these average daily per capita food allowances average considerably higher than the daily per capita expenditures for food in the State hospitals.

The allowances for the New York City institutions were found inadequate, and the Department of Charities asked the Board of Estimate and Apportionment to issue special revenue bonds to the amount of \$80,000, to cover the increased cost of food supplies. Bellevue and Allied Hospitals found it necessary to ask for special revenue bonds to

the amount of \$40,000, to cover their shortage for food supplies. The institutions have also been hampered in their use of food supplies by the fact that there was a separate per capita per diem allowance made for physicians, nurses, other employées, and patients, ordinary, and tuberculous in advanced stages. It is not feasible to make appropriations for food supplies in this way as the food is usually cooked in the same kitchens, purchased and stored together and it is no end of trouble to try to keep the food supplies and the accounts separate.

The Committee is engaged in collecting other information which it will take pleasure in presenting at a future time.

Respectfully submitted,

CHARLES W. PILGRIM, Chairman,
R. H. HUTCHINGS,
WM. MABON,
E. H. HOWARD,
M. C. ASHLEY,
CHARLES G. WAGNER,
CHARLES A. MOSHER,
CHARLES S. PITCHER, Secretary.

Committee on Dietary and Food Supplies.

TABLE 1. TOTAL AND DAILY AVERAGE PER CAPITA ISSUE OF FOOD SUPPLIES FOR WHICH THERE IS A DAILY RATION ALLOWANCE, CIVIL STATE HOSPITALS, NINE MONTHS, OCTOBER 1, 1915 TO JUNE 30, 1916

	Ration allowance	BINGHAMTON		BROOKLYN		BUFFALO		CENTRAL ISLIP		GOWANDA	
		Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita
Meats (including poultry, fish, oysters and clams)...	10.5 oz.	446,702 lbs.	9.004 oz.	159,574 lbs.	9.590 oz.	365,930 lbs.	8.957 oz.	929,805 lbs.	10.029 oz.	200,598 lbs.	8.149 oz.
Farinaceous foods..	13.0 oz.	576,419 lbs.	11.619 oz.	192,368 lbs.	11.453 oz.	514,233 lbs.	12.233 oz.	1,136,202 lbs.	12.255 oz.	310,731 lbs.	12.623 oz.
Potatoes.....	10.0 oz.	466,230 lbs.	9.397 oz.	152,931 lbs.	9.108 oz.	297,263 lbs.	7.067 oz.	815,343 lbs.	8.194 oz.	299,689 lbs.	8.518 oz.
Eggs	0.55 egg	43,445 dz.	0.656 egg	11,537 dz.	0.515 egg	24,704 dz.	0.410 egg	57,941 dz.	0.469 egg	14,694 dz.	0.447 egg
Milk	1.2 pts.	417,829 qt.	1.052 pts.	96,615 qts.	0.964 pt.	382,480 qts.	1.136 pt.	219,850 qts.	0.943 pts.	213,163 qts.	1.082 pts.
Butter	1.505 oz.	68,936 lbs.	1.389 oz.	22,470 lbs.	1.338 oz.	54,999 lbs.	1.307 oz.	129,052 lbs.	1.382 oz.	30,643 lbs.	1.215 oz.
Cheese	0.3 oz.	11,549 lbs.	0.232 oz.	3,063 lbs.	0.182 oz.	9,728 lbs.	0.231 oz.	17,440 lbs.	0.190 oz.	2,384 lbs.	0.097 oz.
Sugar	2.125 oz.	161,199 lbs.	2.039 oz.	31,763 lbs.	1.892 oz.	81,176 lbs.	1.929 oz.	167,932 lbs.	1.811 oz.	43,777 lbs.	1.778 oz.
Tea.....	0.125 oz.	6,059 lbs.	0.122 oz.	2,152 lbs.	0.128 oz.	6,826 lbs.	0.162 oz.	10,741 lbs.	0.116 oz.	2,801 lbs.	0.114 oz.
Coffee.....	0.5 oz.	24,467 lbs.	0.493 oz.	7,955 lbs.	0.474 oz.	16,939 lbs.	0.403 oz.	43,640 lbs.	0.471 oz.	10,310 lbs.	0.421 oz.
*Dried fruits.....	.....	17,733 lbs.	0.356 oz.	9,634 lbs.	0.574 oz.	14,285 lbs.	0.339 oz.	48,848 lbs.	0.527 oz.	8,709 lbs.	0.354 oz.

* Fresh fruit is omitted from this table, as the various kinds used could not be compared on a quantitative basis.

TABLE 1. TOTAL AND DAILY AVERAGE PER CAPITA ISSUE OF FOOD SUPPLIES FOR WHICH THERE IS A DAILY RATION ALLOWANCE, CIVIL STATE HOSPITALS, NINE MONTHS, OCTOBER 1, 1915 TO JUNE 30, 1916. (Continued)

	Ration allow- ance	HUDSON RIVER		KINGS PARK		MANHATTAN		MIDDLETOWN		ROCHESTER	
		Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita
Meats (including poultry, fish, oys- ters and clams)...	10.5 oz.	600,000 lbs.	9.170 oz.	681,359 lbs.	7.897 oz.	799,582 lbs.	8.285 oz.	350,118 lbs.	8.027 oz.	259,381 lbs.	8.429 oz.
Farinaceous foods..	13.0 oz.	787,525 lbs.	11.878 oz.	1,052,323 lbs.	12.198 oz.	1,136,770 lbs.	11.777 oz.	548,612 lbs.	12.574 oz.	420,606 lbs.	13.670 oz.
Potatoes	10.0 oz.	568,320 lbs.	8.572 oz.	749,138 lbs.	8.683 oz.	784,800 lbs.	8.132 oz.	324,828 lbs.	7.445 oz.	210,615 lbs.	6.844 oz.
Eggs.....	0.55 egg	45,046 dz.	0.509 egg	54,941 dz.	0.447 egg	50,536 dz.	0.393 egg	32,583 dz.	0.500 egg	16,044 dz.	0.391 egg
Milk	1.2 pt.	548,284 qts.	1.033 pt.	380,060 qts.	0.970 pts.	424,483 qts.	1.020 pts.	375,527 qts.	1.076 pts.	285,506 qts.	1.100 pts.
Butter.....	1.505 oz.	80,816 lbs.	1.355 oz.	115,439 lbs.	1.333 oz.	114,306 lbs.	1.185 oz.	59,560 lbs.	1.395 oz.	26,561 lbs.	0.863 oz.
Cheese	0.3 oz.	18,601 lbs.	0.280 oz.	17,394 lbs.	0.200 oz.	24,875 lbs.	0.258 oz.	10,966 lbs.	0.251 oz.	1,627 lbs.	0.053 oz.
Sugar.....	2.125 oz.	116,855 lbs.	1.763 oz.	144,204 lbs.	1.671 oz.	186,887 lbs.	1.937 oz.	84,022 lbs.	1.926 oz.	62,838 lbs.	2.043 oz.
Tea.....	0.125 oz.	7,194 lbs.	0.108 oz.	9,037 lbs.	0.105 oz.	11,141 lbs.	0.116 oz.	3,906 lbs.	0.089 oz.	3,157 lbs.	0.103 oz.
Coffee.....	0.5 oz.	28,367 lbs.	0.498 oz.	33,212 lbs.	0.385 oz.	42,820 lbs.	0.444 oz.	17,513 lbs.	0.401 oz.	14,791 lbs.	0.481 oz.
*Dried fruits.....	.....	27,814 lbs.	0.419 oz.	34,337 lbs.	0.397 oz.	43,100 lbs.	0.447 oz.	17,114 lbs.	0.392 oz.	11,358 lbs.	0.369 oz.

* Fresh fruit is omitted from this table, as the various kinds used could not be compared on a quantitative basis.

TABLE 1. TOTAL AND DAILY AVERAGE PER CAPITA ISSUE OF FOOD SUPPLIES FOR WHICH THERE IS A DAILY RATION ALLOWANCE, CIVIL STATE HOSPITALS, NINE MONTHS, OCTOBER 1, 1915 TO JUNE 30, 1916. (Continued)

	Ration allow- ance	ST. LAWRENCE		UTICA		WILLARD		THIRTEEN HOSPITALS FOR NINE MONTHS	
		Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita	Total quantity issued	Daily per capita
Meats (including poultry, fish, oys- ters and clams)...	10.5 oz.	324,990 lbs.	7.545 oz.	321,695 lbs.	10.070 oz.	471,790 lbs.	9.624 oz.	5,598,424 lbs.	8.780 oz.
Farinaceous foods..	13.0 oz.	521,492 lbs.	12.930 oz.	393,556 lbs.	12.319 oz.	654,385 lbs.	13.319 oz.	8,245,779 lbs.	12.5535 oz.
Potatoes	10.0 oz.	390,201 lbs.	9.114 oz.	346,068 lbs.	10.832 oz.	462,705 lbs.	9.439 oz.	5,178,271 lbs.	8.5807 oz.
Eggs	0.55 egg	46,448 dz.	0.816 egg	21,759 dz.	0.510 egg	35,464.75 dz.	0.543 egg	455,143 dz.	0.5072 egg
Milk	1.2 pts.	396,737 qts.	1.162 pts.	225,958 qts.	0.884 pts.	421,813 qts.	1.076 pts.	4,389,219 qts.	1.0316 pts.
Butter.....	1.505 oz.	54,922 lbs.	1.957 oz.	44,036 lbs.	1.378 oz.	74,131 lbs.	1.512 oz.	884,860 lbs.	1.3149 oz.
Cheese	0.3 oz.	12,408 lbs.	0.294 oz.	2,911 lbs.	0.091 oz.	10,185 lbs.	0.208 oz.	143,229 lbs.	0.2128 oz.
Sugar	2.125 oz.	86,561 lbs.	2.038 oz.	62,584 lbs.	1.959 oz.	93,083 lbs.	1.899 oz.	1,232,001 lbs.	1.8767 oz.
Tea.....	0.135 oz.	6,484 lbs.	0.132 oz.	3,897 lbs.	0.122 oz.	6,133 lbs.	0.125 oz.	79,646 lbs.	0.1183 oz.
Coffee.....	0.5 oz.	19,156 lbs.	0.308 oz.	14,240 lbs.	0.445 oz.	21,482 lbs.	0.409 oz.	291,952 lbs.	0.4338 oz.
*Dried fruits.....	.....	28,378 lbs.	0.665 oz.	13,122 lbs.	0.411 oz.	1,354.5 lbs.	0.939 oz.	276,417 lbs.	0.4107 oz.

* Fresh fruit is omitted from this table, as the various kinds used could not be compared on a quantitative basis.

TABLE 2. FOOD SUPPLIES (INCLUDING FARM PRODUCTS) IN THE CIVIL STATE HOSPITALS,
FROM OCTOBER 1, 1915 TO JUNE 30, 1916

	Binghamton	Brooklyn	Buffalo	Central Islip	Gowanda	Hudson River	Kings Park
Total daily average fed population.....	2,897	930.80	2,457	5,414	1,437.464	3,851.55	5,637.719
Total food issued, pounds..	3,227,822	862,764	2,530,732	4,584,569	1,587,907	4,223,433.25	4,572,165
Total grams of protein.....	90,239,936.73	29,092,102.85	74,237,041.23	113,243,904.62	43,715,299.30	117,916,040.27	143,451,021.44
Total calories.....	2,552,133,018	789,589,501	2,083,789,118	4,365,359,098	1,205,913,989	3,231,696,399	3,926,675,053
Pounds of food issued per capita for nine months...	1,114.19	879.65	1,050.36	846.78	1,101.17	1,090.89	893.69
Grams of protein per capita for nine months.....	31,149.45	29,600.43	30,214.51	20,916.86	40,411.40	30,457.06	28,475.39
Calories per capita for nine months	880,957.20	794,850.64	848,103.02	806,309.40	838,919.03	834,574.37	779,454.96
Daily average ounces of food per capita.....	65.056	51.366	61.335	49.446	64.477	63.702	52.186
Daily average grams of protein per capita.....	113.68	103.03	110.27	76.33	110.99	111.16	103.92
Daily average calories per capita.....	3,215.18	2,900.91	3,095.27	2,942.74	3,061.75	3,045.89	2,844.72

TABLE 2. FOOD SUPPLIES (INCLUDING FARM PRODUCTS) IN THE CIVIL STATE HOSPITALS,
FROM OCTOBER 1, 1915 TO JUNE 30, 1916. (Continued)

	Manhattan	Middletown	Rochester	St. Lawrence	Utica	Willard	Total
Total daily average fed population.....	5,635	2,547.67	1,797	2,491.92	1,805.5	2,862.5	39,205.175
Total food issued, pounds..	4,975,429	2,676,053	2,483,021	2,740,724.25	2,042,257.5	3,312,715	39,394,421
Total grams of protein.....	157,640,990.06	79,231,977.36	48,830,412.33	76,913,175.38	59,720,712	96,933,855.28	1,131,108,498.90
Total calories.....	4,340,847.926	2,132,543.378	1,555,594.317	2,144,731.971	1,636,056.955	2,574,203.507	32,523,029,230
Pounds of food issued per capita for nine months....	882.05	1,050.39	1,159.17	1,099.62	1,094.75	1,157.28	1,004.64
Grams of protein per capita for nine months.....	27,978.88	31,099.77	27,167.73	30,865.18	33,013.25	33,859.86	28,784.92
Calories per capita for nine months.....	770,336.80	837,056.86	805,661.83	860,657.73	877,007.21	899,216.51	827,802.12
Daily average ounces of food per capita.....	51.558	61.336	67.688	64.239	63.927	67.578	68.549
Daily average grams of protein per capita.....	102.11	113.50	99.15	112.65	116.84	123.57	105.05
Daily average calories per capita.....	2,811.44	3,054.95	3,159.35	3,111.09	3,200.76	3,282.18	3,021.18

TABLE 3. COMPARATIVE STATEMENT OF COST OF FOOD SUPPLIES ISSUED IN CIVIL STATE HOSPITALS
FROM OCTOBER 1, 1915 TO JUNE 30, 1916

	Binghamton	Brooklyn	Buffalo	Central Islip	Gowanda	Hudson River	Kings Park	Manhattan	Middletown	Rochester	St. Lawrence	Utica	Willard	Total
Cost of food supplies issued:														
Purchased.....	\$115,776 06	\$44,641 51	\$112,935 58	\$235,481 56	\$46,895 28	\$167,248 61	\$212,850 39	\$240,436 13	\$108,469 39	\$70,058 33	\$28,260 17	\$66,518 69	\$103,406 40	\$1,612,981 10
Farm products...	26,405 78	3,891 21	4,524 48	15,596 26	20,176 00	19,602 53	11,738 11	15,608 93	8,568 42	11,033 72	34,421 17	23,223 07	31,811 13	229,598 81
Total cost.....	\$142,181 84	\$48,535 72	\$117,460 06	\$251,077 82	\$67,071 28	\$186,851 14	\$224,588 50	\$256,045 06	\$117,037 81	\$81,092 05	\$116,681 34	\$89,741 76	\$144,217 53	\$1,842,579 91
Average daily cost per person fed.....	\$0.17912	\$0.18061	\$0.17448	\$0.16925	\$0.17029	\$0.17614	\$0.16271	\$0.16583	\$0.16766	\$0.16469	\$0.17088	\$0.17557	\$0.18387	\$0.171134
Average cost per pound	0.04405	0.05625	0.04551	0.0547	0.042257	0.04424	0.04988	0.05146	0.01373	0.03893	0.04257	0.0439	0.04353	0.046758
Average cost per 100 grams of protein....	0.157	0.1671	0.1582	0.2217	0.1534	0.1585	0.1566	0.1618	0.1477	0.1661	0.1517	0.1527	0.1487	0.1629
Average cost per 10,000 calories.....	0.517	0.614	0.563	0.575	0.5561	0.578	0.572	0.589	0.548	0.521	0.544	0.548	0.5602	0.56645

MINUTES OF QUARTERLY CONFERENCE

OCTOBER 18, 1916

Minutes of the conference of State Hospital managers and superintendents with the State Hospital Commission, held at the Central Islip State Hospital, October 18, 1916.

Present—

Commissioners PILGRIM, HIGGINS and MORGAN.

Secretary EVERETT S. ELWOOD, State Hospital Commission.

Medical Inspector WALTER G. RYON, State Hospital Commission.

T. E. MCGARR, State Hospital Commission.

Auditor FRED W. KYTE, State Hospital Commission.

Statistician H. M. POLLOCK, Ph. D., State Hospital Commission.

JOHN J. RILEY, Inspector, State Hospital Commission.

Utica State Hospital, HAROLD L. PALMER, M. D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent; Miss BERTHA A. PECK, CHARLES R. PHILLIPS, M. D., JOHN M. QUIRK, M. D., members of the Board of Managers.

Hudson River State Hospital, FREDERICK W. PARSONS, M. D., First Assistant Physician.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent; PHILIP G. SCHAEFER, member Board of Managers.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent; Mrs. ANNIE DEVEREUX MILLS, WILLIAM H. HECOX, members of the Board of Managers.

St. Lawrence State Hospital, PAUL G. TADDIKEN, M. D., First Assistant Physician; JAMES M. WELLS, JAMES F. KELLY, Members of the Board of Managers.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent; PETER W. NEEFUS, member Board of Managers.

Kings Park State Hospital, WM. C. GARVIN, M. D., First Assistant Physician; CHARLES E. TEALE, Mrs. ALLIE A. ROGERS, JOHN P. HEYDEN, M. D., MATTHEW J. TOBIN, members of the Board of Managers; CHARLES S. PITCHER, Steward.

Brooklyn State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent; MICHAEL F. MCGOLDRICK, Mrs. GRACE WILSON WHITEHALL, Mrs. PENELOPE BOND LEE, members of the Board of Managers.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent; ROBERT ABRAHAMS, M. D., CHARLES V. FORNES, members of the Board of Managers.

Central Islip State Hospital, GEORGE A. SMITH, Medical Superintendent; M. B. HEYMAN, M. D., Assistant Medical Superintendent; H. G. GIBSON, M. D., Senior Assistant Physician; C. M. BURDICK, M. D., Senior Assistant Physician; G. W. MILLS, M. D., Senior Assistant Physician; C. L. VAUX, M. D., Senior Assistant Physician; DAVID CORCORAN, M. D., Senior Assistant Physician; R. G. REED, M. D., Senior Assistant Physician; WILLIAM LEAVITT, M. D., Senior Assistant Physician; WILLIAM A. CONLON, M. D., Assistant Physician; A. T. WOOD, M. D., Assistant Physician; JOHN F. MCNEILL, M. D., Assistant Physician; W. J. MCKEE, Steward; E. J. MURRAY, Assistant Steward; JAMES MACGREGOR SMITH, HARRY C. HART, ROBERT H. HIBBARD, FRANCIS ROGERS, Mrs. ALICE M. FLAGLER, Managers; MARTIN A. METZNER, ex-member Board of Managers; GEORGE D. SANFORD, Mrs. G. A. SMITH, Mrs. M. B. HEYMAN, Mrs. C. M. BURDICK, Mrs. G. W. MILLS, Mrs. C. L. VAUX, Mrs. W. J. MCKEE.

JOHN L. VAN DE MARK, M. D., Medical Examiner, Bureau of Deportation.

HOMER FOLKS, Secretary, State Charities Aid Association.

GEORGE A. HASTINGS, Executive Secretary, State Charities Aid Association.

JOSEPH W. MOORE, M. D., First Assistant Physician, Matteawan State Hospital.

WM. ELLIOTT DOLD, M. D., Physician in Charge, River Crest, Astoria.

SAMUEL W. HAMILTON, M. D., National Association of Mental Hygiene.

A. M. WESCOTT, M. D., Newburgh.

E. S. MOORE, M. D., Bayshore, N. Y.

The conference was called to order at 11 A. M. by Mr. James McGregor Smith, President of the Board of Managers of the Central Islip State Hospital, who said:

Commissioners, Ladies and Gentlemen of the Quarterly Conference :

It is my great pleasure as spokesman for the Central Islip State Hospital to bid you welcome this morning. This is, I believe, the first time that we, at Central Islip, have been honored by your presence at a quarterly conference.

The spread eagle orator in referring to the Empire State, always describes it as extending from Niagara Falls to Mon

tauk Point. We happen to be located near the latter end, and for that reason very few people get down this way, and we don't see our friends as often as we would like. We are, therefore, much honored on this occasion. While we, from this end of the State might stop, in journeying to Niagara Falls, to call upon our friends in that part of the State, scarcely anyone from the West comes as far east as Montauk Point. Even though a stranger might start for that point, I am afraid that when he came into this neighborhood inquiring his way to that destination the old inhabitants from force of habit would run him into Central Islip.

We welcome you all, ladies and gentlemen. We hope you will come here more frequently in the future, and although we don't see you often, we are with you heart and soul. We are working on the great problem of improving the care of the insane, supporting the work of the State hospitals, and we are trying to do our part at this end of the State. We feel encouraged by your presence, we are happy to see you and we hope you will come again soon. (Applause.)

I would suggest that Commissioner Pilgrim now take the chair.

Chairman PILGRIM of the State Hospital Commission: Ladies and Gentlemen—I am sure that we all appreciate Mr. Smith's very hearty words of welcome and from what I know of the people of Central Islip I am convinced that we shall not go away from this conference disappointed in any respect. We are called here for three purposes; first for the discussion of some papers that are to be presented; second, to learn something of one of the largest institutions in the world and of its management; third—and this will appeal to nearly all of you—for the enjoyment of a good old-fashioned shore dinner.

As we have an extended programme and as the day will be all too short for all that we have planned to do, we will proceed at once to the reading of the first paper which will be by Dr. Heyman.

Dr. HEYMAN: Mr. Chairman, Ladies and Gentlemen—The mental pabulum to which I propose to treat you to-day

I have characterized as a "Plea for the Extension of the Parole Period." I have been fortunate in receiving a letter addressed to Dr. Smith which has a bearing on my paper and which will, I think, illuminate it to a certain extent. With your permission I will read this letter as it will make a fitting preface to the paper.

NEW YORK, October 11, 1916.

Supt. Central Islip Hospital,
Central Islip, N. Y.

Dear Sir: My sister Miss I— J— is on parole which expires about the 23d of this month. We would thank you very much to have this parole renewed and bring her to the hospital if that is the only possible way it could be done. The circumstances are these: my mother is a sickly woman afflicted with heart trouble, and though my sister has improved a little but should this parole be not granted and her behavior becomes intolerable, to go through court procedure to have her committed, this excitement would affect my mother's heart and probably cause her death, so you can see what a serious predicament we would be in.

Would you kindly write me a letter and ask me to bring her to the hospital to have her parole renewed, but please do not mention anything in it of this letter that I am writing you, as I will have to show her your letter and we do not want her to know that we have written you.

Hoping that you can help us out in this matter and thanking you very much for this favor, I am,

Respectfully,

P. S. Hope we will hear from you.

Dr. Heyman then read his paper at the close of which the Chairman said:

(Dr. Heyman's paper appears on p. 13 of this issue.)

The CHAIRMAN: Before the discussion of Dr. Heyman's paper is begun, I would like to suggest to the members of the conference that they also take into consideration in discussing it the period of parole, or the time of absence from the institution, of patients who escape, before an entry as to their discharge is made on the hospital books. That is a question which comes up frequently and it seems to me that the rule which obliged us to discharge an escaped patient at the end of 30 days often worked a great hardship. Many dangerous patients well understood that if they kept out of the way for 30 days they could not be returned with-

out a new commitment and that they had full license to do anything they pleased after that time, so far as the original commitment was concerned. I would, therefore, suggest that you also take that question into consideration when you discuss Dr. Heyman's paper.

Dr. PALMER: Mr. Chairman—I was very much interested in what Dr. Heyman said as to the extension of the parole period. I remember that ten or twelve years ago I desired to have the period of parole extended from one month, which was the rule, to six months, and at that time the conference did'nt feel that it should be done. However, since then the period has been extend to six months and I think that every one now in the service is of opinion that the six months' period is a very good change, not only for the patient but for the hospital and for the State financially. My own experience has been that many of the friends of a patient desire to have him at home as long as it is thought wise by the hospital authorities, even though this time extends over six months. Many times when we send our final letter saying that at the expiration of the next month the patient must be brought back, a letter will be received or a verbal request will be made by friends asking that they be allowed to keep the patient a longer time. Of course it is obligatory on me to say that it will be necessary for the patient to be returned to the hospital and remain a time at least before another parole can be granted for another period of six months. This procedure oftentimes works a hardship on the family, because of their financial circumstances. The expense involved is sometimes considerable, it being our usual custom to require that some one shall come to take the patient away, and not to allow the patient to go alone unless he is recovered.

I am convinced from the advantages that have already accrued through the extension of the parole period from one to six months that it will be a very desirable thing if the parole period can be extended to one year as suggested by Dr. Heyman in his paper.

Dr. ELLIOTT: Mr. Chairman—With regard to what you have just stated about the discharge of patients who escape, it has been our practice at Willard to transfer escaped

patients to the paroled class so that they may be returned to the hospital at any time within the six months' period from the date of their leaving and thereby avoid the necessity of recommitment when they are not found within thirty days. I am a little uncertain as to the legality of this procedure but assume that we can exercise our judgment as to paroling these patients just as we do in the case of those who do not escape. The matter of paroling patients is one which has received much more attention during the past year or two than was formerly the case. Some years ago we had a discussion at one of these conferences on the "boarding-out system" as it is practiced in some European countries and which is highly spoken of by those who are familiar with it. It was the consensus of opinion, however, that this practice is not feasible in this country because of the social conditions here which are quite different from those prevailing in Europe. I think it was Dr. Howard who first called attention to the possibilities in the way of extending the practice of paroling patients not recovered, to the care of relatives, and since that time efforts have been made to parole just as many of the quiet and harmless class as possible. This may be said to be a modification of the "boarding-out system", and with the services of after-care agents, can doubtless be extended much more than was formerly the custom. We have as yet no paid after-care agent at Willard, but we hope that provision will be made for one in the next budget. With regard to the limitation of the parole period, at the time the present system of State care was inaugurated in 1890, the State Commission in Lunacy, in investigating the various institutions where the insane were cared for, found that there were no uniform rules governing the matter, and no limit as to the length of time a patient might be away on parole. In some instances it was found that patients had been away for several years and recorded as on parole; some in the meantime had died, and others could not be located. It was for this reason that the Commission issued an order restricting the parole period to thirty days, and two or three years ago this was changed by an amendment to the Insanity Law extending the period to six months. We have had the same experi-

ence on the part of relatives that Dr. Heyman referred to in his paper; we have requests in many instances to extend the time beyond six months, which, of course, we can not do under the existing regulations. It is inconvenient oftentimes for the relatives to bring the patients back to the hospital in order to have them reparaled because of the distance they have to travel and the inaccessibility of the institution. I believe with Dr. Heyman that it will be for the best interests of these patients if the period of parole be extended from six months to one year.

The CHAIRMAN: Dr. Ryon has been trying to whisper something to me about this subject and I will now ask him to say aloud what was in his mind.

Dr. RYON: I wish to say, Mr. Chairman, that if I recollect correctly there is nothing in the Insanity Law which fixes the time for which a patient can be paroled except that an escaped patient shall be discharged in thirty days. I am under the impression that the length of the time of the parole remains in the hands of the State Hospital Commission; and that it is their ruling and not the law that has fixed the parole period at six months.

I want to commend Dr. Heyman's paper which is an excellent one. It showed progress when the Commission extended the parole period to six months. Now that we are establishing clinics throughout the State we certainly are in a position to extend this parole time and we should extend it for a further period. From Dr. Pollock's statistics (Table No. 4) I am pleased to note that Central Islip had the largest number of paroled patients for the nine months last past, during which time they had practically the same daily average population as for the whole year of 1915. That is a very good showing and certainly one which should at least be equaled by the other hospitals. We should take more interest in the parole system and I think a larger number should be paroled from the other hospitals. I believe the period of parole should be extended from six months to one year.

Chairman PILGRIM: I think Dr. Ryon is wrong in saying that there is no provision in the law referring to six

months parole. In section 94 it clearly states: "The superintendents may grant a parole to a patient not exceeding six months, under general conditions prescribed by the Commission."

Dr. HOWARD: Might I inquire if there is to be found in the room a copy of the recently issued rule book distributed by the State Hospital Commission? My belief is that in that rule book or pamphlet there is an order of the Commission which practically changes the regulation as to the return of an escaped patient from thirty days to six months. I would call the attention of the members of the conference to that new provision.

Dr. HARRIS: I agree with the statement of Dr. Heyman in reference to the parole system. We know that the original parole system provided for a parole of but thirty days and that this time was extended by the Legislature upon the advice and influence of the State Hospital Commission, to a period of six months. I remember at Mohansic I had a patient whom I had paroled to his people and at the end of six months they didn't want him to return to the custody of the hospital. I got around it by having the patient brought back to the hospital, having him stay there over night, and I then renewed his parole. In that way the patient stayed at home 18 months, absolutely out of the hospital during all of that time with the exception of about two days and that exception was made in order to get around the technical requirements. He is getting along well at home now.

Since we have field workers connected with the hospitals the difficulty of the parole system, it seems to me, is not going to be great at all. These workers will visit the patients' homes, note the environment, the living conditions, and, in that way the hospital authorities can be kept fully acquainted with actual conditions. I feel certain that it will be a decided advantage to have this law changed. It will be of great assistance to us and of great help to the relatives.

Concerning patients who have escaped, I think they should be treated as a separate class and should not be in-

cluded in the number of patients away from the hospital on parole. Our present law provides that no patient shall be paroled whose parole would be detrimental to the public welfare, who is either dangerous to himself or others. If such a patient is paroled not showing these tendencies at the time of parole but developing them afterward, it is then the duty of the hospital authorities to take him into custody. One difficulty occurs to me as possibly arising out of a considerable extension of the parole time and that is the question of the patient dying. If he dies while on parole and the hospital is not notified he is put down in the hospital record as discharged when in reality he has died. There should be some special instructions given to the relatives in cases of this kind, so that in the event of the death of the patient the hospital should be notified at once and a report should be made to the Commission that the patient was discharged by death. I don't think that much attention has been paid to this point in the past. I happened to think of this particularly for the reason that we had a case escape from the Brooklyn State Hospital and about thirty days afterward not hearing from her, we discharged her on our record and the next day we learned that the body of a patient had been found and this was our patient who had escaped and who had committed suicide. Of course, we reported the case at once to the local authorities and it was made a coroner's case.

Chairman PILGRIM: Did that suicide go into the hospital statistics?

Dr. HARRIS: Yes, sir. I don't know where else it would appear. The same question has come up before. We have reported a patient as discharged when, as a matter of fact, he was dead.

Dr. POLLOCK: I wish to add a word to what Dr. Howard said as to the extension of the time in which escaped patients can be returned. When the official rules of the State Hospital Commission were under revision recently, that matter received the careful attention of the Commission and the change from 30 days to six months was made deliberately.

Dr. WAGNER: How did you get around the statute?

Dr. HARRIS: You can't find it in the law at all.

Mr. MCGOLDRICK: Mr. Chairman—I am interested in this discussion. As a layman it occurred to me that you are making a very narrow construction of the law, if you compel a patient to come back to the institution, and stay two or three hours or days to have his parole extended. I can see nothing in the law that requires the patient to be returned here or to any other institution. The six months apparently expires and an application having been filed for a longer one, why can't that be granted without the actual appearance of the patient at the hospital? For instance, we are living here at Central Islip and our institution covers a district from Montauk Point to the Bronx. If the superintendent here learns that a patient paroled to his home for six months has done well during that period, why should he be compelled to return here as a preliminary to having another six months' parole granted. Why not be practical, and let the superintendent grant another extension without this formality? I think the interpretation of the law can be so stretched as to permit it. If not, it should be the province of the State Hospital Commission to have the law amended in such a way as to grant the additional six months wherever this is thought advisable. But even at the present time I think it is unnecessary to have the patient brought back here as an essential step to his being paroled for another six months.

Chairman PILGRIM: I would like to ask the opinion of the legal member of the Commission on that point.

Dr. HURD: While the legal member of the Commission has that question under consideration, it occurred to me that it is not unlikely that a question may be raised on the point of the extension of the parole without the actual return of the patient to the institution; if by simply writing a letter a parole can be extended, why is it not possible to have the parole made for much longer than six months? In other words, continued absence from the institution of the paroled patient, it seems to me, would be unlawful. A question might easily arise as to the legality of the patient's residence

or stay at the hospital, and if one wanted to bring the patient back it could be very easily contested.

Dr. MABON: We meet the situation in this way: A patient is paroled for three months; she is supposed to return once every two weeks, if she does not return she reports in writing, but no parole is extended except from the time of the patient's last visit at the hospital. I think the parole should be extended to one year; but a great deal of care should be taken by the staff in passing upon the length of time to be granted in individual cases. Some are hurt by being paroled—like certain cases of infective-exhaustive psychoses—they feel that they have recovered and if they know that they are still under the control of the institution it is a drag to them. Every case should be considered on its merits by the staff. I am entirely in favor of the change in the law such as proposed by Dr. Heyman; and I think also there should be a new regulation passed by the Commission as to the discharge of escaped patients; I do not think they should be merged with the parole patients.

Dr. WAGNER: Mr. Chairman—I would like to be recorded in favor of the suggestion of Dr. Heyman for an extension of the period of parole from six months to a year, but I desire to say this in regard to the present arrangement; it is our practice at Binghamton to parole the patient one month and to extend that period from one to six months where the circumstances justify such action; then to have the patient return for examination by the physician on the service from which he went with a view of determining whether further parole is justified or desirable. We find that this is often a very advisable thing to do. Our experience is that but few patients find difficulty in returning to the hospital from any of the points in our district. Of course, the return is occasionally a hardship and sometimes impossible, and in those cases the discharge is enforced by the rule. We have at all times a number of patients on parole who have not been continuously six months away from the institution; who have returned two or three times during the course of this period and have had their paroles extended, such extensions continuing as long as two years

in some instances. So far as I know there is nothing growing out of that arrangement to interfere with the discharge of the patient at any time if he gets along at home in a satisfactory way and his friends desire to have him remain at home. In cases where the friends feel that the restraining influence of the hospital is helpful in keeping the patient under control at home we should favor it. I think that we could extend the parole period at home, without return to the hospital, for a year, in certain cases, but I think it is desirable to have paroled patients return for observation once a month.

Dr. ASHLEY: Mr. Chairmen—I am in favor of extending the parole period and I think some good points have been brought up in this discussion to justify the appointment of a committee to consider the whole subject. There is one point to consider, and I shall not attempt to quote the law verbatim; but it says, in substance, that a superintendent may discharge a patient whose friends or relatives are willing and financially able to care for him. If that be the law and the full intent of the law, it seems to me when a patient escapes you can not parole him at all, because no one has signified his willingness to care for him. You will find many cases where there are no friends of a patient who will take care of him. In those cases we let them go unattended and in doing so possibly violate the law, which intends that some one should sign an agreement to care for him. It seems to me that it would be desirable to revise the law so far as it has to do with the paroling of patients from State hospitals, and that a committee should be appointed by the Commission to study the question and report to the Commission, who in turn might bring the matter up for action by the Legislature.

Dr. MABON: Mr. Chairman—I think Dr. Ashley is mistaken as to the point of paroling the patient six months. The first part of the section of the law he refers to provides the method by which the superintendent may *discharge* the patient. The law as to the *discharge* of patients provides that the superintendent may discharge any patient who has recovered. Also any patient who is a dotard, not insane, and

third, any patient who has not recovered but whose relatives or friends are willing and financially able to receive and properly care for him after his discharge. This section of the law does not apply to the question of parole.

Commissioner HIGGINS: Mr. Chairman—It seems to be the consensus of opinion that the period of parole should be extended, and in order that we may take some definite action looking toward this desirable change, I move that the subject be referred to the Committee on Legislation to consider a change in the law by which the period of parole may be extended from six months to one year.

Dr. HURD: Before definite reference to the committee on legislation is made of this question and pending an expression of opinion on the part of the legal commissioner as to points already raised, it seems to me desirable to consider the degree of responsibility assumed by the institution over those patients who have been paroled. This is not a fanciful suggestion, because a homicide once occurred, committed by a patient home on parole, and a considerable payment of money, I am informed, was paid the family of the victim. I would like to ask the opinion of the legal member as to how far the institution could be held legally responsible in cases of this kind.

Commissioner HIGGINS: My motion is large enough to cover that point also; to cover the parole and discharge of patients if necessary.

Dr. MABON: Mr. Chairman—I second the motion, but it seems to me that the committee on legislation should not be held responsible for the conduct of paroled patients; we should not formulate anything unless it is based on the opinion of the Attorney-General. It is too much responsibility for the committee to undertake without such assistance.

Chairman PILGRIM: It is assumed that the Committee on Legislation would not undertake that without first getting the Attorney-General's opinion.

Commissioner MORGAN: Referring to Dr. Hurd's question, I can not see that there is anything in the Insanity Law that defines the question of responsibility of the hospital for paroled patients; there is also nothing that would make it impracticable for the Committee to take this matter

up and suggest such an amendment as would cover it; it would be a very desirable thing to do.

On the general question, the law reads: "The superintendent may grant a parole to a patient not exceeding six months under general conditions prescribed by the Commission." It would seem that the Commission might properly prescribe the "general conditions" and in that way cover the whole subject; but if the desired changes were enacted into law it would probably be more satisfactory.

Dr. PALMER: I would like to ask before the motion is put how is it possible for Dr. Hurd's point to be properly covered in this motion. It seems to me it is a question as to the length of time for paroling a patient; whether a patient commits a homicide can not be covered; the question is whether the superintendent shall parole such a patient at all. A superintendent can never be sure that any parole patient will not commit some overt act. The two questions do not seem to me to be related.

The motion of Commissioner Higgins was adopted.

The next paper "Statistics of the Psychoses of Suffolk County," was read by Dr. H. G. Gibson of the Central Islip State Hospital.

(The paper appears on page 18 of this issue.)

Dr. ELLIOTT: Dr. Gibson has requested me to say something about this subject so far as Willard is concerned. I am surprised to find such a large proportion of senile patients received from Suffolk County. At Willard we have known for years that the proportion of this class from our district is higher than that of any other hospital, and is due to the fact that our whole district is extremely rural in character; it embraces nine counties in which there is no large city. Some of these counties, notably Seneca and Yates, have been decreasing in population for a number of years. The proportion of persons over 65 years of age to the whole population in the district is very much greater than in large cities as has been shown by the reports of the United States Census Bureau. This accounts for the situation at Willard and I presume the same argument applies to Suffolk County.

The Chairman announced that a slight change would be made in the program of the conference, paper No. 5, The Care of Babies in State Hospitals, to be next taken up. He called upon Dr. Howard to open the discussion or to read a paper on the subject.

Dr. HOWARD: Mr. Chairman—When this program was distributed by mail from the Albany office, I saw that I was to discuss this subject and I immediately wrote to Dr. Smith here that I would be unable to be present at this conference. I also sent a specious explanation to Commissioner Pilgrim, Chairman of the conference. Then I came down here on the quiet thinking that they had sent from Albany to other parties the information upon which this discussion was to be based, Mr. Elwood having written me that he would on Monday morning forward to me from Albany the material that should be presented to the conference. Now, as that material never reached me, I supposed naturally it had gone to some one else; hence, I concluded that I was not to be called upon. Since such is not the case, and as I don't know what was in this package he was to send me, I think I can safely limit myself to a very brief statement, of experiences and expression of opinion, the main point of which would be that the most difficult matter to solve in regard to the care of babies in the State hospitals, is how to dispose of them. An important point is to get rid of them as soon as you can do so with propriety. They are not, however, so very much bother while they are there in their earlier days. There are old ladies eager to care for them and the nurses in the school are perfectly willing to neglect their other duties and take care of the babies, and there is no particular danger from the patients. But when you get down to the point of getting rid of them then you have trouble. Suppose they die. You can't bury them with the funds of the State and you are in great difficulty. The coroner don't want anything to do with such babies, and the superintendent of the poor won't have anything to do with them if he can avoid it; and you don't know what in the world to do with that dead baby. And sometimes those babies are born to the hospital employees. I remember an employee being delivered of a

dead child and she had no friends and no relatives and hadn't been in the hospital long enough to earn any money; and there was the baby to bury; and the superintendent of the poor said that if he could determine the legal residence of the father he would give an order to charge the expense to the county, city or town. Now, suppose the baby is alive and you try to get somebody to take charge of it, to adopt it. No one wants to adopt it on the general impression that it has inherited the insanity or because of other unfavorable influences in its early days and you can't get anywhere with that proposition.

If a baby does appear at a State hospital the superintendent should begin at once his efforts to get rid of it. The circumstances will vary in each case. If he lets the baby stay there the time is going to come when that baby gets too old to remain and yet not old enough to be admitted as a voluntary patient. It is not all fun to take care of that child even while he stays there. We had a baby at the Rochester, State Hospital and the mother had improved to such an extent that she was permitted to be out on the lawn. One morning she went out on the street, strolling up and down in front of the hospital with the baby in her arms, and a gentleman and his wife driving by, from Rochester saw her and asked her if she didn't want a ride. She had no objections and they took her in and went on up to the first village. She didn't seem to have reached her destination, and appeared perfectly contented and continued the ride with them. They went in all thirty miles, to the White Horse Tavern at East Avon. That was the end of their journey and they suggested that the woman get out and she did get out with her baby and walk up the road, and they after a time came back to the city. We had, meanwhile, been striving to locate the patient and the baby. Darkness having come on, the people who had taken the patient evidently thought that she might have belonged at the hospital and they telephoned and learned that the woman was a patient with us. The question with us then was how in the world to find the woman and baby. I telephoned to the President of our Board of Managers

(and I think the president of every board should come to a fellow's rescue now and then) and he said he didn't see how the board could stand back of us in the case of an insane woman and her child having escaped from the hospital unless we could show that we had spent the whole of the night looking for her. He suggested that we send out searching parties up toward this White Horse tavern and keep them going all night.

We found the mother and child and brought her back. I speak of that case to indicate what might occur.

I want to impress upon you before concluding that in this matter of binding out babies you may find complications and you may be sorry when you reach my age that you have ever tried to do it.

Twenty-three years ago a woman in our district wanted to adopt a baby and having a baby at hand I produced it and she was glad to take it. This woman's husband was absent at the time but returning home and finding the baby there he seemed to be perfectly satisfied. Along about two years ago a young man called on me at the office and waited to see me. He told me that he had decided to come down and see me from his home town and talk matters over; that he had been brought up in the belief that I was his father; that his foster father had died and that he thought he would come to Rochester and have a nice visit with his own father, and so forth. I couldn't very well take him home; so I took him into the library and locked the door and talked with him a while. Then I learned that he and his people lived in Brooklyn. Now, I don't mind telling you that I got here this morning by coming through the tube and I did it safely, but I am timid about going back if I have to go through Brooklyn. I asked if I couldn't get back by going across the sound to Dr. May's place in Massachusetts.

Perhaps the Commission ought to establish a rule that there should be no babies in the hospitals; that within two weeks after their birth they must be delivered to somebody outside the institution. There may be some way out of it but the orphan asylums won't take a baby until it is one year old, and that is because of the large death rate among

young children. As I said before, the baby in a State hospital gets good care, splendid care. I remember one case where we had a baby at the hospital and I couldn't get rid of it, it remained there in the hospital. After a time I found that the Catholic Church holds views with regard to the care of children that can be taken advantage of; the Catholic Church don't want babies of Catholic parents brought up by people who don't belong to the church; and if you can make them believe that you are going to give that baby to somebody not a Catholic, the Catholic authorities will take that Catholic baby and bring it up.

The CHAIRMAN: I think that Dr. Howard's substitute for his written paper has been a very agreeable and satisfactory one; and I felt sure that he would render us some help through suggestions as to a solution of this problem; we all know of his great reputation for successfully solving hospital difficulties and I am sure he has given us some illuminating views.

When we thought Dr. Howard was not going to be here, Mr. Elwood made a suggestion that Mr. Folks might be induced to open the discussion of this subject, and I am very sure that he has some ideas to offer, and I know also that you will be glad to hear from him.

Mr. FOLKS: Mr. Chairman—What ideas I have upon this subject can be very quickly stated. Perhaps I am responsible for having brought this question within the range of discussion and I will tell you how it came about. The city authorities of New York City were inquiring about children received into the charitable institutions of that city and what led to their admission. They found in their inquiry that a certain number of babies were received from the State hospitals for the insane—very young babies those were—and they asked me to get some idea of how many such cases there were and what the plan of the State was in dealing with them and what was the best thing to be done. I spoke of it to the Secretary of the Commission and I think that led to the inquiry as to the number of babies received at each hospital and what was done with them. The result of that inquiry shows that the number is not a considerable one, not one of large importance; I think 19

babies were born in the different State hospitals in the course of the year. The replies submitted by the hospitals to the inquiry of the Commission showed a substantial variety of methods of dealing with the situation.

Another element that was in my mind in starting the inquiry is this: that very possibly the superintendents were not fully aware of what ordinarily happens to babies that are separated at a very early age from their mothers and sent to babies' institutions. In the past the figures show that only 50 per cent of them live to five years or more and in some cases the percentage is smaller. This is not said to criticise the institutions at all; but that is the percentage of deaths when very young babies are separated from their mothers. The replies of hospitals indicated that in some institutions there was a considerable tendency to let the baby stay for some length of time, if the mother could take care of it without any harm resulting therefrom; in other words there was no rule about it; in certain cases there seemed to be a program, while in others there was none; in certain of the hospitals the baby was immediately removed from the mother and sent from the hospital as soon as it could be received elsewhere. The remarks of Dr. Howard upon this subject, which were very interesting, opened up to me certain possibilities; he suggested that certain therapeutic effects might be obtained for patients on women's wards by the presence therein of a baby; that is, that it would bring them back once more to the normal elements of life; arouse their interest in life again and in that way beneficial results would come. I wonder if any of these babies ever came to harm and if not, why their presence in every hospital household might not receive a wider extension; in other words whether it was not a mistake to have any definite rule about their removal; whether in some cases it would not be wiser to leave the baby with a mother for a certain length of time—although, obviously, not for too great a length of time.

I was surprised to hear of the difficulties described by Dr. Howard in getting babies properly disposed of when time came for them to go. I had not supposed there was any possible way in which a poor law officer of the community upon which the baby would be a charge could

evade responsibility; how he could refuse to receive it I can not see. I don't see how he would have any possible excuse for not taking charge of the child and caring for it as he would have to for any homeless child found within his jurisdiction.

Dr. PALMER: Mr. Chairman—It may be that Utica is more fortunately situated than Rochester; it might be difficult to say whether it has been more fortunate or unfortunate, but we certainly have had fewer babies at Utica than at Rochester. In the city of Utica we have St. Joseph's Infant Home, a Catholic institution, and we have had no difficulty whatever in having the child of a committed woman patient taken from the hospital to this institution even at a very early age so that inside of two or three months these babies have always found a home there or elsewhere, and we have never had them longer than the period referred to.

Dr. RALPH G. REED: Here in Central Islip, where I have charge of the maternity service, we have a maternity room and as soon as pregnancy is advanced the patient is transferred to the ward in which this room is located, and the case is made use of for demonstrations to the members of the training school.

Instruction is given in the care of the mother and the child, including modification of milk, diet, etc. One of the pupils of the training school is detailed with the case as soon as the woman is delivered.

The nurses have invariably manifested much interest in these unfortunate infants, and, with their co-operation, the infants have always been in good condition upon being taken from the hospital.

Where the patient has a benign psychosis and it is reasonably certain that she will recover mental equilibrium, and be in condition to be discharged a few weeks after delivery, breast feeding is allowed, as we believe that poor mother's milk is better than good modified milk. Moreover, the mother is instructed in the care of her child, so that, condition warranting it, she can be discharged within a few weeks, taking her child with her.

The infants of mothers having constitutional psychoses are fed on modified milk, the milk of a single healthy cow being used. It has been our experience, however, that some of these mothers with constitutional psychoses are in condition to be discharged fairly promptly following delivery, the mental features superimposed by the pregnant state having cleared up.

When the patient can not be discharged, and the infant is not removed by the relatives, it is, at the end of two weeks, turned over to the county authorities, or, usually, to a charitable institution in New York City, as most of our cases are received from Manhattan.

The child's clothing is almost invariably supplied by the hospital.

The chair announced the next paper to be that of Dr. H. M. Pollock, Statistician of the State Hospital Commission, entitled: "Recent Statistics of the Insane in the State Hospitals." (This paper appears on page 25 of this issue.)

At the conclusion of Dr. Pollock's paper discussion was begun by Dr. Harris, who said:

The paper has been an exceedingly interesting one and of great value to us in properly correlating our facts. It shows a great variation in the personal equation in the different hospitals. As to the high death rate shown at the Brooklyn State Hospital, my observation of conditions since I have been superintendent of that institution leads me to the conclusion that the death rate is explained by the large number of feeble, exhausted cases committed to us. During the last nine months we had 179 cases brought to the institution on a stretcher, which meant that they were so feeble and exhausted that they couldn't sit up and had to be brought in in a prone condition, and a large percentage died within a few days.

Dr. MABON: I will emphasize what Dr. Harris says for it relates also to the Manhattan State Hospital. We constantly receive there patients who are too feeble to undertake the journey to Central Islip. These striking discrepancies can be explained by an analysis of the situation as it exists. Of course, there is a wide variation even after that and the personal equation explains it to an extent.

Dr. PALMER: Mr. Chairman—The fact that both Brooklyn and Utica have high admission rates probably accounts, in some degree at least, for the high death rate.

The CHAIRMAN: Owing to the illness of Dr. Hoch, there will be no paper by him and as Dr. Smith has requested me to bring this meeting to a close at one o'clock or shortly before, I am afraid we shall not have time to consider the reports of the various committees unless they can be made very brief.

I may say in regard to the Committee on Budget that we have had a conference with the representatives of the Governor and we are quite hopeful of having some desirable modifications made in the budget for the coming year.

In regard to the Committee on Dietary, Mr. Pitcher has done a very great deal of work and has made a very valuable report; but I don't believe it will be wise to read it today as we have not the time to give it the attention it deserves.

Dr. Mabon is not here at this moment and we can only report progress for the Committee on Legislation; and as Dr. Howard from the Committee on Nurses Training Schools has nothing to report, the meeting will stand adjourned and we will proceed to visit the buildings and grounds.

Dr. SMITH: Mr. Chairman, the Conference having now completed the first or scientific session, we will proceed to the second or practical session consisting of a drive in autos around the grounds and buildings of the hospital. After that we will proceed in autos to the Great South Bay where, at this time you need have no fear of either submarines or sharks, but, to the contrary, we will proceed to enjoy the third session—"eats."

The first session of the Conference then adjourned at 1.15 P. M.

T. E. MCGARR,

Secretary of the Conference.

NEWS OF THE STATE HOSPITALS FOR THE QUARTER ENDING SEPTEMBER 30, 1916

NEW HOSPITAL FEATURES: CONSTRUCTION, ADMINISTRATION, INDUSTRIES, AMUSEMENTS, ETC.

UTICA

The annual field day of the hospital was held on the afternoon of September 12 with especially propitious weather.

Four small victrolas and a quantity of new records have been purchased for the wards.

The hospital has purchased a new Mack truck of five and one-half tons capacity.

WILLARD

The twenty-second annual field day occurred on September 23, and was attended by 1,500 patients, a large number of employees, and at least 2,500 visitors, many of whom came from distant parts of the hospital district, in automobiles. The contests, races, etc., were held in the afternoon. The exhibits of fruit, vegetables, and manufactured articles in the booths were very attractively arranged, and proved a source of great interest to visitors and others.

HUDSON RIVER

The long flight of wooden stairs approaching Central Group having become unsafe, instead of rebuilding as had been done heretofore, were replaced by concrete stairs. This extensive work is about completed which together with a long retaining wall replacing a stone wall at the head of the stairs makes a permanent and much needed improvement.

Work on the trolley station near the North Wing approaches completion and will be in use before the cold weather begins.

On September 26, 400 patients were taken for a one hundred mile ride on the Hudson River.

BUFFALO

There have been erected two new 200 horse-power boilers. There has also been erected a water-softening apparatus for treating the hard water supplied this institution. The beneficial results of water so treated are pronounced, both in the matter of boiler scale and in the lessened amount of soap required in the laundry, effecting valuable saving.

BINGHAMTON

Contractors are at work on an addition to the boiler house at the hospital power plant, and also on the installation of a new 500 horse-power water tube boiler. Plans and specifications have been prepared by the State Architect and approved by the Managers of the hospital for the erection of a new coal trestle in place of an old one condemned on account of weakness. A concrete wall along a portion of the river bank near the power house has been constructed as a protection against encroachments of high water and ice. Extensive repairs have been made to the steam mains in the underground ducts to improve the winter heating service.

The twenty-fifth annual field day was held on the hospital grounds August 29, 1916. Three hundred patients attended the Binghamton Exposition September 27 and 28. Early in September the Wednesday evening moving pictures and the Friday evening patients' dances were resumed as regular features of the fall and winter entertainment season.

In July Miss Edith Atkin, principal of the school of nursing, entered Columbia University for a special course of instruction in "Nursing and Health," covering a period of six weeks. The regular sessions of the school of nursing were commenced on Monday evening, September 11. On September 22, Miss Kathryn Niles began her duties as instructor in physical culture and has conducted re-education classes daily since that date.

ST. LAWRENCE

A number of additional window screens were installed throughout the institution.

The food conduits from central kitchen to Central Hospital East and Central Hospital West, were re-covered with cement, the old asphalt covering being badly worn and allowing water to leak into the conduit.

A new loaf moulder was purchased and installed in the bakery.

A new feed pump, replacing the old one, was supplied for the power house.

Cork brick floors were installed in the West dairy barn on the cow stands only, replacing cement floors.

Steam cookers and aluminum kettles supplied with the necessary steam and water connections have been furnished for the farm cottage kitchen and Inwood kitchen. These kitchens heretofore had only been supplied with ranges.

The large steam lines from the power house to Letchworth Building have been replaced with new lines, the old lines being worn out.

Covering has been erected over the wagon scales at the store house.

ROCHESTER

Plans have been made by the State Architect for additions to the men's chronic building for the accommodation of 36 more patients.

GOWANDA

The old wood reservoirs at the Indian Springs have been replaced with cement, including cement covers.

The pathological laboratory and mortuary building is under construction, the foundation walls being completed.

The roofs of many of the buildings have been repaired, and the exterior of the buildings repainted where necessary.

Extensive alterations have been made at the henery and new colony houses constructed.

The Collins Spring house was enlarged and a new pump and motor installed.

A new milk house was constructed at the dairy barns of the cement blocks from the old cement fire house. The fire apparatus will hereafter be housed in the addition to the shop.

KINGS PARK

Owing to delays in receiving material, the contractor for the new additions to Groups 2 and 3, was unable to complete the buildings on October 1, 1916. The window guards, fire resisting doors, treads and platforms for the stairways, and the tile floor were not received.

Out of a fund of \$10,000 appropriated by Chapter 646, of the Laws of 1916, for repairs, additional estimates have been allowed by the State Hospital Commission for making urgent repairs to the women's cottages. This work has progressed satisfactorily and, although they are only the most urgent repairs, they will make the buildings more comfortable for the winter.

Allowance was also made for two tile silos to replace two wornout wooden silos.

The contractor for the wells has completed two new wells, but has not as yet connected the wells to the water system, which is also provided for in the contract.

The baseball started out in an auspicious fashion on Decoration Day, the games being held each Saturday. Several games were played between the employees and various visiting teams, about one thousand patients and employees attending. Owing to the epidemic of infantile paralysis the games were discontinued in July.

On August 25, 1916, a lawn party was given by the female patients in cottage 28, about 150 patients attending. They were entertained by music and games, and refreshments were served.

On September 18, 1916, a clambake was held on the shore of Long Island Sound, and was attended by 144 male patients. They spent the afternoon boating and fishing, tackle having been rented for the purpose.

BROOKLYN

A reception and a chronic building for several hundred patients are in course of construction. New floors have been laid in the dormitory and cross halls on ward 1. A new sanitary garbage house has been erected. The assembly hall has been removed to the rear of the grounds, near Winthrop Street, and has been painted inside and outside. New toilets were installed in the assembly hall. The ground has been graded between the assembly hall and the main building. Dining rooms for employees of both sexes have been repainted.

Patients play tennis, hand ball and out door games and take long walks. Tea parties and card parties have been well attended. About 60 patients, the members of the occupation class, are kept constantly entertained. Weekly dances are held Friday evenings. Patients also have afternoon dancing and calisthenics, and when the weather does not permit of going out, they embroider, make baskets, knit, crochet and do other kinds of fancy work.

MANHATTAN

Work on the reception building for men and the building for disturbed women is approaching completion.

The construction of the power house is practically completed. The smoke stack is finished and the installation of boilers has been commenced.

The steam mains between East and West power house are being laid in vitrified tile conduit and will probably be completed before the cold weather sets in.

CENTRAL ISLIP

One of the two new silos for which we received an appropriation has been completed and filled with ensilage; the other is in course of erection, but will probably be completed too late to fill. These silos are a great improvement over the old wooden ones and are practically indestructible. They are not only useful but quite ornamental.

The new deep wells for which we have an appropriation are now being sunk. We anticipate that the depth of the first well will be about 1,000 feet.

Extensive repairs have been made on four boilers at the south colony power plant. These repairs will make it possible for us to go through the winter without having to close down a part of the power plant.

Considerable painting of the exterior wood work of both the north and south colonies has been done throughout the quarter.

Weekly dances, with moving pictures, and Sunday evening concerts for the patients have been held regularly as usual.

On July 4 and September 4, we held our field day sports on the athletic grounds in which more than 100 patients and a number of

employees took part. As spectators about 2,000 patients were present and a very large number of visitors aggregating fully 1,000. It has been our custom to hold these field day sports on Decoration Day, Independence Day, and Labor Day for the past twenty years.

NOTEWORTHY OCCURRENCES

UTICA

There have been three suicides in this hospital. On the morning of July 25, a male patient escaped from a walking party, ran to a nearby railway track and threw himself under an approaching train. His injuries resulted in death.

In August, a male patient committed suicide by hanging.

On September 1, a male patient, who was on an open ward, left the hospital without permission, hastened to a nearby railway track and threw himself beneath an engine with fatal results.

WILLARD

The State Hospital Commission held a meeting with the Board of Managers at the Hospital, October 5.

The semi-annual meeting of the Committee on Mental Hygiene and After-Care of this hospital district, was held at Willard on October 6. The meeting, which was attended by nearly all the members of the Committee, was addressed by Mr. George A. Hastings, Secretary of the Special Committee on Mental Hygiene, at the afternoon session.

The Medical Society of the County of Seneca held its semi-annual meeting at Willard, October 12, at the invitation of the superintendent. The meeting was attended by visiting members of the Society and the hospital staff. Dr. John M. Swan of Rochester, N. Y., and Dr. Wm. H. Montgomery, of the hospital staff, read papers at the meeting.

MIDDLETOWN

Governor Whitman made a brief visit to the institution on August 23.

Owing to the prevalence of poliomyelitis in this vicinity, persons under sixteen years of age were excluded from the hospital, and for several weeks visitation was restricted to those who had business at the institution. No cases of the disease appeared at the hospital, but one nurse was taken ill at home.

HUDSON RIVER

The State Hospital Commission visited the hospital on September 12 and conferred with the Board of Managers.

BUFFALO

The graduating exercises of the school of nursing were held September 29, 1916. Dr. Renwick R. Ross, superintendent of the

Buffalo General Hospital, addressed the graduates, and a class of 17 was given diplomas.

ST. LAWRENCE

The graduating exercises of the school of nursing were held on September 1, 1916, the class numbering 12. Mr. Everett S. Elwood, Secretary of the State Hospital Commission gave the address to the graduating class.

Mr. Andrew D. Morgan and Mr. Frederick A. Higgins, State Hospital Commissioners, and the Secretary, Mr. E. S. Elwood, visited and inspected the hospital on September 1, 2 and 3.

Governor Whitman visited the hospital on September 21.

KINGS PARK

Sixteen escapes of patients are recorded as having occurred during the quarter. Of these six were returned prior to the expiration of thirty days; five were discharged to the custody of themselves at the end of thirty days; one was discharged to the custody of a relative at the end of thirty days; four are still out on a thirty-day parole.

On July 10, 1916, Dr. Charles B. Davenport, Director of the Eugenics Record Office, at Cold Spring Harbor, New York, with twenty of his students in eugenics, paid his annual visit to the hospital, and was given a psychiatric clinic in Building "C" by Dr. W. C. Garvin. After luncheon the class was conducted by members of the staff on a tour through various parts of the hospital.

On July 23, 1916, on account of the epidemic of infantile paralysis in the State of New York, the visitors to patients were limited to those over sixteen years of age. The epidemic growing in severity and having extended to the village of Kings Park and the township of Smithtown, on August 24, 1916, the Sunday excursion train from Brooklyn and Long Island City was discontinued, and all visits to patients, except one visit to each new admission and those who were critically ill, were also discontinued.

On July 29, 1916, Professor Hollingsworth of Barnard College, Columbia University, brought his classes in applied psychology and in morbid psychology to visit the hospital; the visitors, forty in number, were given a clinic in Building "C," then had luncheon; after that they were conducted on a tour through the hospital.

The Mental Hygiene and Out-Patient Clinic, established at the Williamsburg Hospital, is progressing very nicely. The average number of paroled patients reporting each Saturday is 25. In addition three or four new cases come for advice and assistance.

Steps are under way to establish a similar clinic in Nassau County, at Mineola, New York.

BROOKLYN

One patient, a woman, wandered away from the hospital September 1. Diligent search was made for her but without avail. About a month later her body was found in an isolated spot of the old Potter's Field.

The Coroner took charge of the case.

The graduating exercises of the school of nursing of this hospital were held September 29, 1916. The following pupils graduated: Marion Fibich, Lily Fitzsimons, Kathleen Diamond, Margaret Manahan, Augusta Hirsch, Dominica Maria, Katherine Mahon, Marie O. Sullivan, Helen Scott, Mary A. Kelly, Walter Long and Sam Corpulsky.

Hon. Hugo Hirsh, president of the Board of Managers, donated and awarded prizes to Miss Marion Fibich, Miss Augusta Hirsch and Miss Kathleen Diamond who had the highest rating in practical work. Mr. Hirsh also addressed the class on the occasion of their graduation.

MANHATTAN

Seven cases of fracture occurred during the quarter. An attendant was struck on the head by a patient and received three scalp wounds.

A woman patient broke through a screen door of the ward and jumped into the river. She was rescued by a woman attendant at considerable risk. The attendant received a silver medal from the New York State Hospital Service.

A man escaped from the exercise grounds and although a thorough search was made he was not discovered. In the evening he was seen in a whirlpool in Hell Gate and was drowned before he could be reached. His body was later recovered.

A woman while being transferred from Bellevue Hospital jumped into the river at the foot of East 26th street. The mate of the steamboat "Wanderer" jumped in with his clothes on and rescued her at the risk of his life. He was awarded a gold medal from the New York State Hospital Service.

One of our men employees, 40 years old, was stricken with infantile paralysis. He was removed to the care of the Department of Health. The hospital was placed under quarantine, first against children and soon after against all adult visitors except in cases of serious illness of patients, or the first visit to patients recently admitted. No other cases have developed in the hospital. The quarantine was terminated on the 16th of September and visits to patients have been renewed.

INDIVIDUAL ITEMS

UTICA

On July 5, Dr. G. B. Campbell, first assistant physician, who is a member of the Medical Reserve Corps, left the hospital for active duty with the army on the Mexican border.

WILLARD

William S. MacDonald, Esq., of Seneca Falls, N. Y., was appointed a member of the Board of Managers, by Governor Charles S. Whitman, September 22, 1916.

BINGHAMTON

On July 11, Hon. Wm. J. Maier, chairman of the Ways and Means Committee, visited the hospital and made a general inspection of the institution and farm. On August 8, Harold N. Saxton, Chief Examiner of the Civil Service Commission, visited the hospital for conference in reference to civil service examinations.

ST. LAWRENCE

Mr. Mason C. Hutchins, clerk of the Finance Committee, and Mr. Leon P. Demars, clerk of the Ways and Means Committee, visited the hospital on July 24.

Mr. George A. Hastings, executive secretary of the Committee on Mental Hygiene, visited the hospital on July 12.

Dr. H. J. Worthing, assistant physician, is still with the National Guard at Pharr, Texas.

Dr. C. Ross Miller, assistant physician, who had been granted a leave of absence on account of ill-health, returned to duty on September 1.

Dr. R. H. Hutchings, superintendent, was granted a leave of absence in order to make a survey of the State of Georgia for the National Committee on Mental Hygiene and left on September 17.

GOWANDA

Mr. Henry L. Moench, was appointed a member of the Board of Managers to fill the unexpired term of Dr. John D. Zwetsch.

KINGS PARK

The Board of Managers and the State Hospital Commission granted Dr. William Austin Macy, superintendent, a leave of absence, on account of illness, for three months, beginning September 1, 1916.

Dr. Helena B. Pierson, assistant physician, has been granted a leave of absence from August 21 to October 31, inclusive, in order to assist Dr. A. J. Rosanoff, in the survey of Nassau County, under the auspices of the National Committee for Mental Hygiene. Dr. Elizabeth Wells Durschmidt was appointed as a temporary substitute during Dr. Pierson's absence.

CENTRAL ISLIP

Dr. Smith was on vacation during September.

On September 6, Mr. Morton F. Sanborn, engineer of the State Department of Health, visited the hospital and made an inspection of the sewage disposal plant.

HABEAS CORPUS CASES

WILLARD

A patient named J. P. was produced at Waterloo, N. Y., on return of writ of habeas corpus, July 1, before Hon. George F. Bodine,

county judge. He was again produced before Judge Bodine at Ovid, on another writ, granted by Hon. Irving R. Devendorf, justice of the supreme court. He was again granted a writ and was produced in court before Hon. Peter W. Hendrick, justice of the supreme court, First District, sitting at Ovid, N. Y., September 4. Mr. P. obtained a hearing on the three occasions mentioned, and was remanded to the care of the hospital at the close of each hearing.

Another patient, C. J. S., obtained a return of a writ of habeas corpus before Hon. Michael H. Kiley, justice of the supreme court, at Owego, N. Y., and was produced there on September 25. After a hearing he was remanded to the care of the hospital.

BINGHAMTON

September 1, one of our patients (F. T. S.) appeared for the sixth time in court on habeas corpus proceedings. Hon. Benjamin Baker, before whom the proceedings were held, remanded the patient to the custody of the hospital for further treatment.

KINGS PARK

T. G., male, admitted December 3, 1915, identification number 87285, diagnosis, general paralysis, was brought before the Hon. Robert H. Roy, county judge of Kings County, on July 20, 1916, on a writ of habeas corpus. The patient was discharged to the custody of his sister, under bond of one thousand dollars.

L. C. W., male, admitted August 3, 1916, identification number 92579, diagnosis, manic-depressive psychosis (manic type) was brought before the Hon. Frederick E. Crane, justice of the supreme court, in Brooklyn, on August 16, 1916. The court was unwilling to discharge the patient to the custody of his wife, and suggested that the relatives arrange for his transfer to a private institution. This was done on August 18, 1916.

MANHATTAN

On July 12, 1916, a writ of habeas corpus was served in the case of M. S., a deportable woman alien. Writ was returnable July 13, at which time she was taken to court and remanded by the court to the hospital. She was deported on August 30, 1916.

On July 7, J. N., obtained a writ of habeas corpus returnable July 18. The writ was dismissed and the patient returned to the hospital.

On July 17, G. S., a male patient, obtained a writ returnable July 18, and the court ordered the man discharged to the custody of relatives.

CENTRAL ISLIP

On September 8, we were served with a writ of habeas corpus in the case of patient W. H. O., returnable before Mr. Justice Kelby at Kings County Court House on September 12. The patient was accordingly presented at court and when he was placed on the stand he made a very good impression, the court giving him great latitude and

much time. This patient is a paranoid præcox, but was able to give a lucid account of his experiences. Before coming to the hospital, the patient made a murderous assault on his brother-in-law who is a German-American policeman in New York City. He thought the police officer had been annoying him by sending German musicians to his house to worry him by playing German airs. Although the patient told the court that he recognized this action on his part was wrong and that it would not occur again, the court remanded the patient to the hospital upon being informed by Dr. Hinkley, of our staff, that we regarded the patient as a dangerous man.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

- Allen, Dr. Edwin C., clinical assistant in Manhattan State Hospital, resigned July 1, 1916.
- Borden, Dr. Parker G., assistant physician in Buffalo State Hospital, resigned to enter private practice.
- Chapman, Dr. Ross McC., senior assistant physician in Binghamton State Hospital, resigned to accept position of clinical director in the Government Hospital for the Insane at Washington, D. C., July 31, 1916. Dr. Chapman had served in the Binghamton State Hospital nearly eight years, during five of which he had held the responsible position of physician in charge of the acute hospital service.
- Hamilton, Dr. Samuel W., senior assistant physician in Utica State Hospital, resigned to take a summer course in psychiatry at Columbia University, July 8, 1916.
- Harris, Dr. Isham G., formerly superintendent of the Hudson River State Hospital, appointed superintendent of the Brooklyn State Hospital, August 1, 1916.
- Hausman, Dr. Samuel, appointed medical interne in St. Lawrence State Hospital, July 1, 1916.
- Kelleher, Dr. James P., assistant physician in Manhattan State Hospital, promoted to senior assistant physician, July 1, 1916.
- Mason, Dr. William H., medical interne in Manhattan State Hospital, promoted to assistant physician, September 13, 1916.
- Pringle, Dr. Cyrus E., medical interne in Buffalo State Hospital, promoted to assistant physician.
- Rowe, Dr. Charles E., appointed medical interne in Rochester State Hospital, July 8, 1916.

- Russell, Dr. Clarence L., assistant physician in Hudson River State Hospital, appointed senior assistant physician in Utica State Hospital, September 1, 1916.
- Sharkey, Dr. M. B., medical interne in Utica State Hospital, resigned to accept a position with the Franklin Automobile Company as medical inspector, September 30, 1916.
- Sherman, Dr. Morris M., assistant physician, Manhattan State Hospital, resigned September 4, 1916.
- Soper, Dr. Arthur E., assistant physician in Manhattan State Hospital, promoted to senior assistant physician, July 1, 1916.
- Somers, Dr. E. M., superintendent in Brooklyn State Hospital, resigned July 31, 1916.
- Tighe, Dr. Leo Ross, appointed medical interne in Hudson River State Hospital, August 7, 1916.
- Vogt, Dr. Alfred H., appointed medical interne in Buffalo State Hospital.
- Weatherby, Dr. Francis E., medical interne in Manhattan State Hospital, promoted to assistant physician, July 1, 1916.
- Williams, Dr. Rodney R., assistant physician in Binghamton State Hospital, promoted to senior assistant physician, August 1, 1916.

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WILLARD

WM. H. MONTGOMERY, M. D., senior assistant physician.

"General Paresis." Paper read before the Medical Society of the County of Seneca, at Willard State Hospital, October 12, 1916.

BUFFALO

ARTHUR W. HURD, M. D., superintendent.

Remarks before the Council of the City of Buffalo in advocacy of the Inebriety Bill, July, 1916.

HELENE J. C. KUHLMANN, M. D., woman physician.

Address on "Character Training and Mental Hygiene," before the D. A. R. of Silver Creek, N. Y., September 14, 1916.

ST. LAWRENCE

R. H. HUTCHINGS, M. D., superintendent.

Paper entitled "The State and the Insane," read at the annual meeting of the Ogdensburg Medical Society, on September 5, 1916.

GOWANDA

A. E. PERKINS, M. D., woman physician.

"Practical Disinfectants." "Better Nursing for the Insane."
"Nursing Senile Psychosis." All published in "The Nurse."

GENERAL STATISTICAL INFORMATION RELATING TO
THE INSANE AND THE MANAGEMENT OF THE
STATE HOSPITALS

CENSUS OF OCTOBER 1, 1916

1. Patient population:

State hospitals, including paroles.....	35,731
State hospitals, excluding paroles.....	34,219
Institutions for criminal insane.....	1,410
Private licensed institutions.....	974
Total, including paroles.....	38,115
Average daily population of State hospitals since July 1, 1916.....	35,494
Average daily number on parole since July 1, 1916.....	1,444
Patients on parole at end of quarter....	1,512

2. Capacity and overcrowding:

Capacity of civil State hospitals.....	27,890
Overcrowding, excluding paroles:	
Number.....	6,329
Per cent.....	22.7

3. Medical service in civil State hospitals:

Superintendents.....	12
Assistant superintendent.....	1
First assistant physicians.....	14
Senior assistant physicians.....	53
Assistant physicians.....	62
Women physicians.....	19
Medical internes.....	17
Total.....	178

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 201
Excluding superintendents.....	1 to 215
Excluding superintendents and internes.....	1 to 240

4. Employees:

Number of employees in civil State hospitals, October 1, 1916.....	6,211
Ratio of employees to patients.....	5.75

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING SEPTEMBER 30, 1916

	Total	July	August	September
Aliens deported to other countries:				
U. S. Immigration service	17	2	11	4
Expense of State.....	..	..	..	..
Expense of friends.....	6	2	..	4
Total.....	23	4	11	8
Non-residents returned to other States:				
Expense of State.....	2	..	..	2
Expense of friends.....	36	11	11	14
Total.....	38	11	11	16
Total aliens deported and non-residents returned	61	15	22	24

MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE THREE MONTHS ENDING SEPTEMBER 30, 1916, AS REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING ON SEPTEMBER 30, 1916

HOSPITAL	Census July 1, 1916	ADMISSIONS						DISCHARGES						Census September 30, 1916	Certified Capacity	OVER-CROWDING	
		First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged			Number	Per cent
Utica.....	1,686	76	18	..	94	16	1	9	2	2	41	8	77	1,703	1,382	321	23.2
Willard.....	2,415	52	15	2	69	9	13	1	6	5	58	1	73	2,441	2,015	426	21.1
Hudson River.....	3,434	129	26	4	159	10	13	12	6	..	73	6	121	3,472	2,800	672	24.0
Middletown.....	2,192	55	22	2	79	6	5	6	2	1	26	1	43	2,228	1,985	243	12.2
Buffalo.....	2,199	94	25	4	123	13	4	10	3	1	44	2	77	2,246	1,704	542	31.8
Binghamton.....	2,455	55	17	3	75	9	1	7	2	1	41	..	61	2,469	2,110	359	17.0
St. Lawrence.....	2,231	81	18	2	101	17	5	11	4	5	53	2	96	2,255	1,848	407	22.0
Rochester.....	1,687	101	14	3	118	18	10	12	3	..	38	2	83	1,722	1,298	424	33.4
Gowanda.....	1,278	44	10	1	55	9	1	8	5	1	25	10	51	1,282	998	284	28.4
Kings Park.....	4,602	199	73	14	286	59	36	30	9	3	76	6	112	4,665	3,397	1,268	27.3
Brooklyn.....	841	137	24	6	167	24	5	4	10	3	60	26	350	899	637	262	41.1
Manhattan.....	5,152	293	65	23	381	71	42	54	15	..	142	..	350	5,483	3,639	1,484	41.1
Central Islip.....	4,388	380	80	22	482	65	33	31	16	..	135	21	304	5,166	4,017	1,149	28.6
Total.....	35,213	1,696	407	86	2,189	326	158	191	79	22	815	77	1,671	35,731	27,890	7,841	23.1

VOL. II

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THE STATE HOSPITAL QUARTERLY

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ANDREW D. MORGAN,
FREDERICK A. HIGGINS, } Commissioners

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THE STATE'S EFFORTS TO MEET THE MENTALLY SICK HALF-WAY.*

BY CHARLES W. PILGRIM, M. D.,
Chairman, State Hospital Commission.

In order to give you an idea of what the State is doing for its insane, it will be necessary for me to devote a few minutes to statistics:

There were 35,731 insane persons in the civil State hospitals on the 1st of October, 1916, and 6,390 persons were employed by the State in caring for these patients on the same date.

During the year ending September 30, 1915, 7,934 persons were admitted to the hospitals of the State and during the same period 3,495 or more than 44 per cent were discharged as recovered, or sufficiently improved to live under home conditions.

The net annual increase of patients for the five years from 1910 to 1915 averaged 853, but at the present time the increase is at the rate of 100 per month or about 40 per cent greater than the average for the five years mentioned. A large part of this increase is due to the fact that it has been impossible to deport the alien insane since the commencement of the European war. The importance of this question will be understood when I tell you that for the five years from 1910 to 1915 inclusive, 4,258 alien insane, or an average of 851 per year, were deported. In 1912 alone, 1,171 were returned to European countries. Therefore, you will see that when this great relief is almost entirely stopped the net annual increase must reach alarming proportions. This naturally calls up the question which is asked frequently of the alienist, that is: "Is insanity increasing out of proportion to the increase in the population of the State and country?"

Statistics show that the insane in institutions in the State

* Address given December 1, 1916, at opening of Peekskill clinic.

have increased from 255.2 per 100,000 population in 1889, to 378.4 per 100,000 in 1915. The increase of patients in the civil State hospitals from 1890 to 1900 was 47.7 per cent; while the increase in the general population of the State during the same period was 21.2 per cent. The increase of the insane in the civil State hospitals from 1900 to 1910 was 37.8 per cent; while the increase of the general population during the same decade was 25.4 per cent. The increase in the number of patients in the civil State hospitals of the State from 1910 to 1915 was 12.7 per cent, and the increase in general population during these years was 6.3 per cent.

If we consider the bare figures alone it would appear that the insane are increasing much faster than the general population. Many factors, however, must be taken into consideration in coming to a conclusion upon this question. It is, of course, clear that the insane in institutions are increasing faster than the general population of the State and country, but this can be accounted for by the fact that much of this apparent increase is due to accumulation, as under the present conditions of institutional care and treatment, patients live much longer than they used to, and also on account of the fact that due to the better knowledge of the care and treatment given in hospitals for the insane many are now sent to them who would have been kept at home in former years. Both these causes, of course, add to the hospital census. The better knowledge of insanity and the present day refinements in diagnosis cause many to be classed as insane, who, a decade ago, would have been considered merely eccentric, for there can be no doubt that the relationship of insanity to the general population changes with the corresponding stages of progress in our social organization. Therefore, in summing up the answer to this question, I would say that while it is clear that the insane in institutions are increasing faster than the general population, the data available does not show positively that insanity is increasing throughout the country at a disproportionate rate.

The land and buildings and the personal property devoted to the care of the insane on October 1, 1915, were valued at about \$38,000,000.00, and in order to provide for the net annual increase at least one million and a half should be appropriated for new buildings and their equipment each year. It is in this respect only that the State has fallen behind, for appropriations during the past few years have been so meagre that the hospitals are now all overcrowded. In fact there are over 6,000 more patients in the hospitals of the State than their certified capacity calls for. In other words the overcrowding is now about 22 per cent. Corridors intended for day use, and sitting rooms as well, have been converted into dormitories so that in many cases the original design of the institution has been completely changed. Some comprehensive plan, either a bond issue, or the commitment of the State to a regular yearly appropriation of a sum more than sufficient to care for the net annual increase must soon be adopted to overcome existing conditions, and when the plan is formulated, I hope it may meet with the approval of all who are interested in the welfare of the insane.

The cost of caring for the insane in the State for the year ending October 1, 1915, was a little more than \$7,600,000.00, and this year, owing to the increased cost of all supplies, the total will be considerably greater. These figures will give you some idea of the stupendous task which the State has undertaken in assuming the care of its insane.

All who have visited our State institutions and have made themselves familiar with the care and treatment of the insane must admit that the work is well done. The patients are kindly treated, notwithstanding occasional stories to the contrary; they are carefully and intelligently cared for and nursed, and they are scientifically treated from a medical standpoint. All that it is possible to do is done for them when once they enter the hospitals as patients, which they may now do without commitment or legal formalities.

ties of any kind, and after they leave the hospital they are watched over and guided and directed by our social workers, who endeavor in every way to keep them from disturbing influences; but for some time it has been felt by those familiar with the subject that more might be done towards the prevention of insanity and that the State should reach out and "meet the mentally sick half-way," and it is with this object in view that clinics and dispensaries, such as you are about to open here, have been started in many cities of the State.

It is not unusual to look upon insanity as a disease of mysterious origin which requires mysterious treatment, but I want to impress upon your minds the fact that mental disorders are no more mysterious than are disorders of the lungs, the heart or the kidneys, and that brain diseases are just as amenable to treatment as are serious diseases of any other organs. The old ideas of the mysterious origin and still more mysterious treatment of mental disorders have no place in our enlightened days.

It has been estimated that nearly 40 per cent of all cases of insanity are due to preventable causes. These causes are heredity, diseases resulting from immoral habits, the excessive use of alcohol, and the abuse of drugs resulting in the drug habit. About 23 per cent of the men and 5 per cent of the women admitted to our State hospitals suffer from general paresis and other nervous diseases, which are always preceded by a disease due to immorality; about 15 per cent of the men and 5 per cent of the women suffer from the excessive use of alcohol; and nearly 1 per cent suffer from drug addiction, such as opium and its derivatives, cocaine, etc. What a wonderful field these figures present for preventive work, and that preventive work has already accomplished something is proven by the figures which show the marked decrease in the number of first admissions diagnosed as alcoholic insanity. In 1911 the percentage of alcoholic cases was 10.2; in 1912, 9.9; in 1913, 9.4, in 1914, 7.4; and in 1915, only 5.6.

The cases in which alcohol was reported as an etiological

factor, some of which were not diagnosed as alcoholic insanity, show a steady decrease from 16 per cent in 1911 to 10 per cent in 1915.

If the spread of knowledge in regard to the benefits of temperance in the use of alcohol shows such remarkable results, is it not reasonable to expect an equally good result from the dissemination of views in regard to right living and moral conduct, and from guiding and directing the habits and studies of the young who manifest a tendency toward mental weakness? Mental diseases like all others should be treated in their incipiency if the best results are to be attained. You will, therefore, see what an important place the mental clinic fills. It should be our aim to spread the belief that mental disorders are as curable as any other of the grave diseases, and we should lose no opportunity to impress upon the public mind the necessity of seeking early aid from those in charge of the mental clinics or outdoor departments of the State hospitals.

In 1904 the Massachusetts Board of Insanity instituted an inquiry which showed that 685 physicians of that Commonwealth had treated 2,428 cases of mental diseases during that year and that only 55 per cent were ultimately committed to hospitals for the insane. This was before the "mental clinic" had become an established fact and if it were then possible to care for and cure 45 per cent of mental cases outside of institutions for the insane, is it not reasonable to suppose that a wider knowledge of the preventable causes, accompanied by early dispensary treatment, will result in a far greater number of cures at home?

But when the disease has gone beyond the incipient stage then the best advice the dispensary physician can give is to tell the patient to seek the aid which can only be found in a well-equipped hospital for mental cases. Few private homes can furnish the comforts and safety of a well-equipped hospital and it is only under exceptional circumstances that the home care of a well developed case should be recommended. The majority of cases which can not be cured in

their incipency will find their way to hospitals designed especially for their care and it is well that it should be so. I would not have you think that I believe that there is any "mysterious therapeutical influence" about a hospital for the insane, but I do believe as Sir Clifford Allbut has said that there is more in the medical care of the insane than mere "bottle medicine," and that the established regimen and discipline of a well-managed hospital for the insane "are felt for good by the patient as soon as he comes under their influence. They tend to establish habit and automatism and the annihilation of self. The patient sees everything about him moving with system and regularity, obedient to one will, subservient to established rules. He finds it more comfortable to fall into line and follow, rather than to move in the erratic tracks which fancy dictates, and gradually his delusions and impulses lose control and sane ideas gain the ascendancy."

Another reason why home care should not be advocated when insanity becomes well-developed, except in exceptional cases, is the fact that occasionally an insane person may so impress his delusions upon another as to produce what is known by the French as *folie à deux* or *folie imposé*. When insanity exists in a family it is likely that other members are neurotic and it can be readily seen that it would be unwise to subject such persons to the influence of the insane member. Statistics show that hereditary influences exist in about 30 per cent of first admissions. The danger is much greater when the delusions are of a persecutory character and women are much more liable to be affected than men. I would not for a moment have you think that insanity is contagious, for the immunity of doctors and nurses who spend their lives among the insane is sufficient proof that under ordinary circumstances where there is neither hereditary tendency nor neurotic temperament, there is but little danger of being affected by association with the insane. I do know, however, from well marked cases which have come under my observation that there is a certain amount of danger of insanity being

imposed upon others with neurotic tendencies. And in addition the care and worry which the home treatment of a case of insanity entails may be sufficient to break down the physical and mental health of other members of the family.

A large proportion of the cases admitted into hospitals for the insane, in fact not less than 20 per cent are what is known as *dementia præcox*. These are cases where the mental changes begin in early life, often become chronic and persist until death. In giving early attention to these cases we should also provide for the proper care of the feeble-minded.

As I have told you there are nearly 36,000 cases of insanity under care and treatment in the State, and a conservative estimate of the number of feeble-minded in the State is at least 30,000 and but little more than 5,000 of this number are provided for in institutions. This estimate is probably below the actual facts for where careful investigations have been made, it has always been shown that the number of feeble-minded has been underestimated, and it is just here that dispensary work has a wide field. If the defectives can be recognized in their early years, as they can be by the Binet-Simon tests, and if their future training and education can be directed and regulated so as to bring out the best that is in them, and if they can be segregated when improvement can not be expected, then one of the questions of greatest importance in the prevention of insanity will have been solved. A single generation of effective work in this direction would almost eliminate the problem of caring for the insane.

We all know what has been accomplished in the crusade against the "White Plague" and I believe that the way is now open for the most effective kind of preventive work in connection with the insane.

To point out "the way that madness lies," to show the path that leads to sanity and health, to recognize the backward child and to teach him how to make the most of his limited abilities, to discover latent criminal tendencies in

the young and to suggest a method of treatment which will overcome them before they become fixed, to cheer and encourage the worried and depressed, to correct the habits of those who are burning life's candle at both ends, either by overwork or "the pace that kills," in fact to "minister to the mind diseased" in every possible way is the work that the mental clinic is supposed to do, and it is also the work, that the State is willing and anxious to perform in its "efforts to meet the mentally sick half-way." I, therefore, ask your hearty co-operation in our efforts to perform this work, and I am firm in the belief that as time goes on you will find the clinic a most useful instrument in lessening one of the greatest afflictions that can befall mankind.

SOME CONCEPTIONS OF EPILEPSY

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In any consideration of epilepsy, one is at once met with difficulties regarding the classification and the determination of what should be considered under this term. It does not seem necessary here to go into details regarding the various classifications according to symptomatology or etiology. It appears sufficient to state that instead of speaking of epilepsy in general, the term epilepsies is preferable and that these may be divided into two groups: First, probably the larger group, made up of cases in which there can be determined no main etiological factor and termed genuine or unclassified epilepsy rather than idiopathic. Secondly, the group of cases in which there seems to be a main etiological factor may be placed under the heading symptomatic epilepsies with the understanding, however, that probably no one factor is the entire cause in these cases, but that in each case there are certain known causes and other unknown factors which operate together. In this latter group are placed the epilepsies which seem to bear relation to trauma, syphilis, arteriosclerosis, infectious diseases, alcohol, and other conditions. This second group of epilepsies is a large and interesting one but it is our present purpose to consider more especially some conceptions of genuine or unclassified epilepsy.

It is generally conceded that one of the main factors in genuine epilepsy is that of heredity; this has been variously estimated as present in from 8 to 40 per cent of the cases, including not only the direct inheritance of epilepsy, which has been found in a large series of cases to have occurred in 16 per cent but in addition, heredity defects have been considered to be shown in the presence in the ascendants of insanity, alcoholism, syphilis, and even tuberculosis and cancer. It is obviously a very difficult matter to exactly determine the influence of heredity, and there is also an open question as to just what conditions in the ancestors should

be concluded to have a bearing on epilepsy. The heredity factor is generally considered as a predisposing cause, making toward an inherently unstable nervous system. It is to the exact or exciting cause of the epileptic fit and its mechanism that the work of hundreds of years has been directed, and it is with this that we are especially concerned at this time.

The beliefs that the epileptic state was evidence of holy or demoniacal possession are to-day medically of only historical interest, although these conceptions are still maintained by certain classes of the laity. Perhaps also of only historical interest is the conception that the fit originated by irritation of the "convulsive center" in the medulla. Later, animal experimentation seemed to show that the site of origin of the convulsion was in the cerebral cortex and it was concluded that the tonic stage was due to a very marked irritation and that the clonic convulsions were caused by less marked irritation. Further experimentation, however, seemed to indicate that stimulation of centers below the cortex could produce chronic spasms. It has been held that the epileptic convulsions are due to "discharges" from nerve cells, which, because of disturbances in their chemical processes, exhibit alterations in their output of energy. Hughlings Jackson maintained that the convulsive manifestations and loss of consciousness resulted from the "discharging lesions" involving cells in his third or highest level of the physiological nervous system; his conception of these lesions, however, were not borne out. Biswanger described the epileptic attack as due to a combination of inhibition and stimulation from the cortical nerve cells—an excess of inhibition produced the loss of consciousness and the tonic spasm, and the subsequent clonic spasms were the result of stimulation from these cells. On the whole, however, it must be remarked that no animal experimentation has ever produced an epileptic attack which in all points resembles seizures in man, and it appears that one can only conclude that the conceptions of the mechanism of convulsions are entirely hypothetical and subject to further proof.

As examples of the conceptions of the pathological anat-

omy of epilepsy may be mentioned the reported sclerosis of the cornu ammonis, the cortical marginal gliosis, and various alterations, including changes in the nucleus, in the cortical nerve cells. It must be stated that these findings of sclerosis or gliosis are not constant in epileptics, that they occur in non-epileptics, and are best considered as incidents to the epilepsy. The nerve cell changes, if found, are to be looked upon as possibly the result of the epilepsy or perhaps more probably as changes which have occurred independently, as the result of terminal or post mortem conditions. It seems that, if we are unprejudiced, we will take the view that there is no pathological anatomical lesion in genuine epilepsy in spite of the many lesions that have been reported.

Various attempts have been made to connect alterations in the metabolism and conditions of auto-intoxication with the production of epilepsy. It seems that, as a rule, convulsions occurring in such diseases as gout and diabetes should be considered, however, as of the symptomatic type and as not having a true relation to genuine epilepsy. Various investigators have concluded that the blood and urine in epileptics at the time of convulsions is toxic to rabbits and others have isolated what have appeared to be toxic chemicals from the urine. These results, however, have been contradicted by other observers; by some the toxicity is considered the result of the epilepsy; and moreover, it must be remembered that convulsions in rabbits are not synonymous with epilepsy in man.

Disorders of the ductless glands have been considered by some to be the cause of epilepsy—it has been claimed that there is a hypofunction of the thyroid and parathyroid, and cures are reported from the administration of these glands. Other workers, concluding that the high blood pressure observed by them in epileptics was due to an over-secretion of adrenalin, advocate, and report cures from, the use of pancreatin, this acting as a neutralizer of the adrenalin excess. However, regarding the complicated interworking of the ductless glands, each patient should preferably be considered a law unto himself and it is hardly probable that

any specific glandular therapy will apply to epilepsy in general. Moreover, a warning against indiscriminate glandular therapy is to be uttered for by this therapy an interference with the balance of the internal glandular system may be produced with possibly the superimposing upon the epilepsy of serious conditions such as glycosuria or exophthalmic goitre.

It is perhaps permissible at this time to give some detailed consideration to the conception of Reed of Cincinnati, that epilepsy is a specific infectious disease, this permissibility arising from its contemporaneous interest and its importance to the epileptic, if true. We shall here attempt to set forth Reed's main ideas as they have been published.

In March, 1915, Reed published an article on the probable cause and logical treatment of epilepsy. In it he stated that in his surgical intestinal work for the relief of constipation he had been forced to recognize three facts; namely, that all epileptics are constipated; that certain epileptics, once permanently cured of constipation cease to have epilepsy; and finally, that while all epileptics are constipated, only a relatively few constipated persons have epilepsy. These facts, especially the last, required for an explanation the existence of another etiological agent, the presence of which would account for the existence of epilepsy in one case under given conditions and the absence of which would account for the absence of epilepsy under the same conditions in another case. When fixation of the colon for relief of mechanical interference with the bowel movements in five epileptics had been followed by cessation of attacks, the conclusion was reached that the whole difficulty had been in the colon. In view of this and also of the fact that another patient continued his epilepsy as petit mal attacks, it was judged best to remove the colon. This was done in two epileptics subsequently but when one died in status after six weeks, and showed only an angulation and dilatation of the duodenum at autopsy, it was concluded that the specific poison of epilepsy originated in the duodenum. Subsequently, because of the surgical risk of colectomy, ileosigmoidostomy was done with the view of doing colec-

tomy at a later stage. But when two patients had violent convulsions following this procedure, and colons loaded by regurgitation were found, it was finally concluded that the over-loaded inactive colons resulted in an overdose of the epileptic poison, and that the bad effects of toxicity overshadowed the possible effects of colectomy as a surgical procedure.

Meanwhile, Reed had observed a complete absence of the hereditary factor in epilepsy; in the clinical picture of the epileptic cases he saw similarity to that of some infectious diseases; there was a constant tendency to the formation of gas especially at attacks; the fact that other members of the epileptic's family living under the same conditions and eating the same food did not develop epilepsy and that epilepsy did not cease with changes in diet, ruled out for him the possibility of a chemical or non-bacterial origin of epilepsy. Post-operative cases of status treated by autogenous vaccines of blood and fecal origin recovered. From these stated conditions the final conclusions at this time were that epilepsy is caused by a specific infection, probably a bacillus of the gas-forming series; that the infection is located in the intestinal canal, probably primary in the duodenum and always finally in the colon, and may be superficial in the mucosa, or deep in it and probably in certain cases involves the blood; that the infection is made primarily effective through constipation of mechanical origin; that the relief of the constipation results in the cure of the epilepsy if the infection is superficial and that in cases of deeper infection the principle of immunization by autogenous vaccines holds good for the treatment.

In a second report of January 26, 1916, Reed gave further descriptions of the constant findings of intestinal stasis in epilepsy. He asserted that because of the toxemia, which he had previously concluded was of bacterial origin, there is an acidosis; that the epileptic bacterial toxin has a selective action on the internal capsule in epileptics, with a local acidosis and a resulting edema. This edema of the internal capsule, by causing a deinsulation of the projection fibres in the cause of the epileptic convulsion; a partial epi-

lepsy is a very local edema; the attack is short because the edema is dissipated by the nervous explosion. In other conditions of constipation with acidosis, the edema is localized elsewhere—in the “sensory centers” it causes headache; in the “wider areas of the cortex” it causes “simple melancholia and other mental disturbances.” The cause of this selective acting toxin was then described as an organism which he called the “epilepticoccus,” consisting of “granular bodies sometimes arranged in diplococci, sometimes in clusters and sometimes in chains.” This organism had been found in the colon, lymphnodes, lymphatics, and blood of epileptics. It was not stated in how many.

On May 20, 1916, under the heading “*Bacillus Epilepticus*” the organism was described as a spore-bearing, actively motile bacillus. It was obtained occasionally from direct smears of epileptics’ blood; by blood cultures finding of the organism “was practically always positive in epileptics,” particularly immediately after the convulsions and “was always negative in non-epileptics.” Injection of saline suspensions of cultures induced unconsciousness and convulsions in rabbits upon “several repetitions.” The organism was recovered by direct smears from the rabbits’ blood. Rabbits who accidentally ingested the organism developed convulsions and died of them. Citing the cases of two physicians who had probably come in contact with epileptic fecal discharges and had later developed epilepsy, and the fact that many epileptics in institutions come from unhygienic surroundings, Reed suggested that epilepsy is due to “contamination” with the organism. Reed has stated more recently (October 14, 1916), that the bacillus epilepticus has been isolated from epileptics by about eight investigators in various parts of the country. One of them, Terhune, of the East Louisiana Hospital found the organism by blood culture in 75 per cent of 25 cases of epilepsy and never in 42 non-epileptics. Convulsions in rabbits and cats followed injections of cultures of the organism and the organism was recovered from their blood. The bacillus has been found by him in the feces of normal persons; it was isolated from the blood of a dog who had spontaneously-appearing convulsions.

On the other hand Caro and Thom of the Monson State Hospital reported negative results from 160 blood cultures obtained from 70 epileptics, careful technique being used. Wherry and Oliver, bacteriologists of Cincinnati, were unable to cultivate the organisms from the blood of six of Reed's patients in whom he had found the organism. They consider that the organism belongs to the *bacillus subtilis* group; the *bacillus subtilis* is a very prevalent spore-bearing, resistant, organism found in the air, soil and water. An organism known as the *bacillus subtilis simulans* is a saprophytic organism found in the feces as non-motile rods or long filaments. The organisms from a culture that was sent to me by Dr. Reed have characteristics of growth on agar and bouillon, and morphological and staining properties which to me are indistinguishable from those of organisms that I cultivated from hay, presumably the *bacillus subtilis*.

These reports of positive findings in the blood of epileptics with the production of convulsions in rabbits may seem rather remarkable but remarkable things such as these have happened before. I need only to recall to your minds the fact that Bra in France in 1902 isolated an organism, the "neurococcus" from the blood of 70 epileptics, could not find it in 20 non-epileptics, and produced convulsions in rabbits; no bacteriologist in Europe was able to corroborate her findings. And you will remember the "discovery" of the "*bacillus paralyticus*" as the cause of general paralysis, its isolation from the parietic's body fluids, and the production of the described characteristic lesions of general paralysis in animals by injections of cultures. In the light of the present knowledge of the cause of general paralysis it seems that no comment on these findings is necessary.

It is not our intention to discuss the validity of Reed's conclusions regarding the origin of the epileptic toxin in the duodenum, the local edema as the cause of the fit, or the cure of epilepsy by intestinal operations or by vaccines. These conclusions may be left to speak for themselves. It is our present belief that the "*bacillus epilepticus*" as a cause of epilepsy will go down in history in array with the

"neurococcus," the "bacillus paralyticans" and other etiological organisms whose "discoveries" remain more of psychological than bacteriological interest.

Thus far we have dwelt upon the considerations of essential epilepsy from the somatic viewpoint. Turning now from somatic to psychological studies, the conceptions of L. Pierce Clark regarding the problem may be considered in outline.

As the result of extensive clinical studies in epilepsy, Clark lays down two fundamental principles regarding the nature and pathogenesis of the disorder. The first is that there is invariably present an epileptic constitution or make-up in those individuals who later develop essential epilepsy. The nucleus of this personality defect is a temperament of extreme hypersensitiveness and egotism. The possession of this make-up renders the individual incapable of social adaptation in its best setting, and, if uncorrected, makes him entirely inadequate to live a normal adult life. The second principle is that the seizure phenomenon is the direct outcome of the inability of such persons to subordinate their individualistic tendencies to those of the so-called social demands, and constitutes a reaction away from the difficulties in a loss of consciousness; it is not only a method of making away with an intolerable adaptive demand but it is a retreat or regression to the infantile or fetal state when peace and harmony prevailed. In the elaboration of these principles Clark points out that the reactions of the epileptic make-up, with its deficient adaptive powers are shown in moroseness, sullenness, lethargies, extra lability of mood, tantrums and rages, day dreams of an intensely pathological sort (in which reality is escaped from) and mental abstractions with diminished consciousness. These peculiarities have been recognized before, but Clark contends that they are not, as has been thought, the results of the convulsive seizures, but that they may exist from earliest childhood and long before convulsions appear. In those most heavily endowed with the adaptability epileptic defect there may be only a minimum of stress to act as a precipitant of the convulsions. These individuals develop epilepsy early

and intensively. It is maintained, in regarding the convulsions of infancy and childhood, that the stresses and demands for adaptation should not be viewed from the adult standpoint but from the child's level; it has been shown that the demands for adjustment to nursing, to bathing, to association with other children, and to school may cause as much stress proportionately as demands of adult life. Persons with a less marked adaptive defect manage to get along with the milder epileptic trait manifestations until the periods of puberty, adolescence or marriage when the added demands for adaptation become too great, and a retreat from stress takes place in convulsions. Others, still with the characteristic epileptic traits of egotism and hypersensitiveness, but with more power of adaptation and wide interests, go through life without convulsive phenomena; their children, however, may be endowed with less adaptability and develop epilepsy. The presence or absence of evidence of the epileptic make-up previously in persons developing epilepsy late in life is of important aid in distinguishing symptomatic and genuine epilepsy. Clark believes that somatic defects are of subordinate importance to the psychical factor in epilepsy—the latter is always present, the former frequently absent. He also points out that the most extensive clinico-pathological research into the epileptic economy has demonstrated no adequate etiological ground for the seizure phenomena in a majority of all cases of essential epilepsy. Regarding deterioration, agreement is made with MacCurdy that this is not of an organic nature but is the outcome of the adaptive defect, with its marrowing and loss of interest for things outside the body. Detailed case reports are made demonstrating the working of the fundamentals here mentioned. The indicated treatment toward attempting to regulate the lives of these patients so as to avoid stress and of attempting to increase gradually their adaptive powers, with direction of their interests, has resulted in the cessation of attacks and the return to a more or less full normal life.

To many, perhaps, who see in genuine epilepsy signs of an organic disease which stand out to them above all else,

the explanation by Clark of the epileptic condition on a functional or mental basis will seem inadequate. To them a desire to withdraw from reality and regress to the infantile or fetal state can not account for the phenomena of the epileptic convulsion, and the oftentimes closely analogous manifestations of the symptomatic epilepsies, with their organic conditions, give weight to their contention that organic factors are of much importance in the etiology. It may also be remarked that the inability to demonstrate, with our present methods of clinico-pathological research, an adequate etiological basis for the epileptic phenomena in many cases is not a conclusive argument against such a basis being present. Of dementia præcox the view is taken by some that the disease is primarily an organic one; others believe that it is fundamentally functional; and still others of us, not denying the organic possibilities, but believing that at present these can not be etiologically weighed, look upon the mental investigations of the problem as presenting more productive possibilities for treatment. It seems that a somewhat similar attitude toward the problem of epilepsy might advantageously be taken; that is, with open minds toward the possible organic factors, the nature and mechanism of which we do not at present understand, we may work intensively upon the mental factors which are more available for examination and the understanding of which may be productive of great relief.

However, whether or not one agrees with Clark as to the psychical mechanism of epilepsy and its attacks, it must be conceded that his psychological investigations are a valuable contribution to the studies of epilepsy; and whether or not they elucidate the problem entirely it is to be clearly foreseen that they must be a strong stimulation to the study of the psychological side of epilepsy, a side which has, up to this time, been for the most part neglected.

Although it has been possible to consider a comparatively small number of the conceptions of epilepsy, and those only briefly, it is perhaps time to halt and ask "What do we know about epilepsy?"; and although a consideration of the treatment is not within the province of this discussion,

the question "What can we do?" is intimately related to the question "What do we know?" and the two may be taken up together. The hereditary factor, if not evident in all cases, at least appears to be an important one—the eradication of this factor can at least be attempted in the prevention of propagation by epileptics; whether best by sterilization, segregation, or moral suasion can not be dogmatically stated. In addition, all possible coöperating medical and social forces must be invoked to stamp out those diseases and conditions, especially syphilis, alcoholism, and the unhygienic living conditions of poverty, which work toward propagating a defective race. Our consideration of the somatic conceptions of epilepsy, in their multiplicity, points towards the conclusion that there is no one somatic cause, but aid to the epileptics is indicated toward putting them, by hygienic or other indicated physical treatment, in as nearly a normal bodily condition as possible. From the psychical side, the demonstration of the prevalence of bad mental traits in epileptics that deter them from adapting themselves to life conditions, points to the necessity of the early recognition of these traits and the directing of both the potential and the frank epileptics in their mental lives along paths that will not offer an overpowering strain and stress on their adaptations. It is to be hoped that, in the future, the epileptic will be treated more as an individual made up of a complexity of forces which are to be carefully considered and that, upon his consulting his physician, his story will be less often received merely with a throwing up of hands in dismay, or a grave shaking of the head, or the automatic writing of a prescription for bromides.

THE PRACTICAL FUNCTION OF THE PSYCHIATRIC CLINIC

BY JOHN T. MACCURDY, M. D.

The chief object of this paper is the discussion of the relation of social service to psychiatry. When a patient has been committed to an institution, that institution is responsible for his welfare so long as he is within its walls. When released on parole there is no longer a direct contact between the patient and his physician except on occasional visits, and the general management of the case must be left to a greater or less extent to the after-care agent. This branch of social service work has been recognized and its value well appreciated for a number of years. There is, however, another branch of this work which is much less known and is probably of vastly greater importance. I refer to the care of the mentally abnormal whose disease has not progressed to the point demanding commitment. This work is essentially prophylactic, and therefore, were it only from an economic standpoint, would demand the attention of the State hospitals; for every patient kept out of an institution for a month represents just that much lightening of the hospital load. This prophylaxis, however, is of the greatest psychiatric and human interest, and it is in this field that social service work is of unique importance. Much could be said in generalities on this side of the question, but I have thought it probably more useful to focus my remarks on actual observations; to give you an idea of just what may be accomplished and of the rôle of the social service worker in these achievements. For this purpose I have made an analysis of 100 consecutive cases seen by myself at the Cornell University Medical School, in the dispensary operated jointly by the Psychopathological Department of the University, and the Mental Hygiene branch of the State Charities Aid Association.

There are others in the dispensary who have had more brilliant results, I know, but I thought it fairer to present

only the cases that I myself had seen, as the same criteria for judging success or failure can be applied to all of them.

The therapeutic results in any dispensary are apt to be far behind those of private practice. This is particularly true of psychiatric work, and it must therefore be borne in mind that the incomplete success or actual failure of the dispensary is no indication of what the trained psychiatrist can do in the treatment of neuroses and psychoses, but is much more a measure of the insurmountable difficulties to be met with in charitable work. In fact, when one considers the physical disabilities under which the clinic at Cornell labors, it is surprising that good results are ever obtained. And in order that you may keep this in mind when hearing the results of our work it may be well to mention what these are.

The clinic is held in a class room about 30 feet by 40 feet in size. In one corner is the desk of the social service worker and the file of histories. In the middle of the room sit the patients who are waiting for examination. At the other side of the room from the social service worker is the examiner's table, separated from the rest of the room merely by a flimsy cotton screen. It will be immediately understood that under these circumstances no complete physical examination can be made when such is required, and that a discussion of the intimate affairs of the patient can never be carried on with any real privacy, since everyone in the room can hear all that is said unless both patient and physician speak in a voice little above a whisper. Another difficulty lies in the fact that the clinic is undermanned, and the physician is frequently forced to give a patient only fifteen or twenty minutes of time when one or two hours would be little enough to devote to the problem in hand. It must be remembered, too, that more than in any other branch of medical work we are dealing with those who are burdened with bad heredity and environmental difficulties which are beyond remedy with the present organization of society. As you all know, a great deal of mental abnormality is engendered or fostered by unhappy human associations, and it is not easy to take the patient

away from the influence of an unsympathetic family or employer, particularly when, as is usually the case, the patient is economically dependent on the maintenance of these relations. For these reasons it is therefore plain that, what psychiatrists have learned in recent years of the psychological factors tending to develop abnormal states, can not be applied to best advantage in the clinic, and that one must be satisfied without a full psychological analysis of the patient's difficulties or the environmental changes which his judgment tells him are imperative.

On the other hand, we have been extremely fortunate in the aid we have received from the Mental Hygiene branch of the State Charities Aid Association, and we have always been able to count on the social service work being carried out as completely as is physically possible. For this we have to thank the intelligence and sympathy of Miss Tucker and her successor, Miss Taft, but most of all are we indebted to Miss Wells who has taken by far the largest share of the work connected directly with the clinic.

Our situation having been explained, I can proceed to outline the practical aims of the clinic. Naturally we hope in every case to produce a cure, but this is a result which is most rarely obtained. In this connection it must of course be remembered that I am speaking of "cure" in a psychiatric sense. In many of the cases which I shall report with the result "improved", the patient himself, his family or friends would say that a cure had been effected, whereas the psychiatrist, who can recognize the persistence of potential difficulties, is more conservative in his claims. Practically speaking, therefore, our aim comes to be an alleviation rather than a cure. The patient who has not been working is brought to be self-supporting. The one who has been in active conflict with his environment is taught to adapt himself. Society is protected from the abnormality of the patient who has been a menace to it. In all these matters it is evident that the results are of social rather than individual value. In this connection it is important to emphasize one of the chief activities of the clinic in its advisory capacity to charity organizations. Of

the 100 cases to be reported, no less than 48 were referred by charitable organizations, and in practically all of these cases the association in question needed advice as to whether aid should be given the patient, and if so, how that aid should be applied. The growing recognition of the value of the clinic to these organizations has been gratifying. The reasons why charitable societies are forced to turn to the psychiatrist for advice may be plainly understood when one remembers that trouble of any kind produces mental disturbances. These troubles may be essentially external or internal in origin, and it is only the psychiatrist who is able to differentiate between the symptoms produced mainly by environmental stress, and those for which inherent abnormality is mainly responsible. These two groups, therefore, which may be superficially alike, require quite different treatment at the hands of those who would give them help.

The methods of treatment adopted are chiefly these. When the patient has sufficient intelligence and insight to justify the attempt, a discussion of his difficulties from the psychological standpoint is essayed. It must be understood at the outset that one could not call this psychoanalysis as one speaks of that method in private practice. The analysis in the clinic is at best superficial. It is important, in understanding the practical function of the clinic, to note that in the 100 cases such analysis was attempted even in the smallest way in only 10 or 12 of the patients. In a much larger number the psychotherapeutic measures would more properly be grouped under the heading "suggestion", using that term in its widest sense. The diagnosis, where possible, is explained to the patient, and he is encouraged to believe that he can take the situation in hand himself and that he should fight against the purely subjective symptoms. In patients whose difficulties have been for a long time fostered by a belief in some physical ailment, a candid discussion of the diagnosis is often of considerable value. Not infrequently in an unstable individual the factor which may make the difference between a tolerable and an intolerable existence is the presence or absence of some

minor physical trouble. For this reason medical advice, particularly sound directions as to physical hygiene, is not infrequently of great value. Allied to this are measures which, though apparently physical, have a large indirect mental effect, such as the use of baths, exercises and the timely use of sedatives or tonics. Most important of all are the environmental changes which are carried out through the agency of the social service workers. In these cases some particular strain from which the patient suffers may be relieved and the mental balance resumed. A mother whose household duties have become more arduous than her mental capacity will tolerate may have her children taken care of for a few weeks. The wife whose domestic situation has become intolerable can be supported away from home for a short time. The adolescent who is chafing under the restraints of home can be given aid while establishing himself independently. In all such cases it must be borne in mind that we do not consider that the benefit derived is really physical, but that the strain of adaptation is temporarily too great for the patient, and that a brief relaxation of his efforts may make a better adaptation possible when he has gained a little surplus energy. It must be remembered that such relief is never given when it seems likely that the patient is permanently incapable of adaptation, in which case charity becomes pauperization. It is in such situations that the psychiatrist is capable of giving expert help.

We can now proceed to a discussion of the different groups. The largest of these is that of the *psychoneuroses*, and it is natural, as these represent the mildest type of mental abnormality, that improvement in their condition is most frequently secured. The statistics of this group may be of interest. There were 24 such cases out of the total 100. Of these the etiology was thought to lie preponderantly in the make-up of 13 cases, and of these 13 the condition of 2 remained unchanged; 6 were not heard from after the initial visit; 5 were improved, with 2 of these possibly cured. Of those where the etiology seemed to be preponderantly environmental (that is, where the patient was subject to an

abnormal strain) there were 4, and of these 3 were improved and the result of 1 not known. Of the cases where both make-up and environment seemed to combine in the production of symptoms, there were 7 cases; of these 6 improved under treatment, with the result of 1 not known. It is evident from these figures that the poorest results were obtained where the trouble lay primarily within the individual, so that external help (largely through the social service worker) could be expected to be of least value. On the other hand, among the 24 psychoneuroses it was thought advisable to attempt some psychological discussion of the symptoms in 8 cases, and all of these showed some improvement, whereas 1 could be said definitely to be cured.

The different sub-groups may next be considered. There were 4 cases of *sexual neurasthenia*. As this trouble is nearly always precipitated by faulty preparation for sex development, and most frequently the result of false information, it is natural that a careful explanation of the real facts and a discussion of the origin of the symptoms would produce considerable relief. And it is this group which produces the most striking results. The patient who appears at the clinic depressed, with a history of inefficiency and a conviction of his mental and physical failure, will reappear a week after his only interview cheerful and energetic for the first time in months or in even years. Unfortunately the brilliancy of this result is only temporary in many cases, since these troubles have entered rather deeply into the make-up of the individual, and require a long course of psychological treatment for eradication. Nevertheless none of them seem ever to sink to the same depths as those in which they initially floundered.

There were 5 cases of pure *anxiety neurosis*, and 2 of anxiety to which was added a hypochondriacal tendency. Of these 7, 5 were improved, 1 of them possibly cured, with the results of 2 not known. Three of these cases may be briefly cited.

J. S. appeared to the Charity Organization Society claiming to be deserted by her husband and in need of

financial aid. She exaggerated certain physical troubles and had an obsession that her boy was incorrigible. She was talkative, had no application in her work, and thought that people did not appreciate and were against her. Examination revealed only symptoms of a bad anxiety neurosis which had dated from the death of her mother and was aggravated by the absence of her husband. She was advised to take her physical symptoms less seriously, and directions were given to the Society as to how her environmental difficulties should be smoothed out. The result is that husband and wife are now living together, and that she is supporting her child and is reasonably contented.

E. B. is a woman who had three children by her husband before marriage, this husband being utterly shiftless. She suffered from a uterine retroversion which could not be operated upon because of an organic heart condition. She was reported to be subject to frequent excitements with bad temper, and was suspected of being intellectually inferior. This is obviously a case of great difficulty where any improvement might be regarded as an achievement. The examination showed that she had no intellectual defect, but that she was worrying and brooding a good deal about real troubles, that she slept poorly and had bad dreams. It was recommended that her children be taken care of temporarily and that she be given a rest in the country. This was done and the children placed in a day nursery while she worked. Since then she has been getting on fairly well and is apparently self supporting.

L. S. is a woman in whom the menopause occurred three years before she came to the clinic. She complained of being "nervous" since that event, but her worries were found to go back to a sex experience sixteen years previous. She was given advice on her sex problem, and hygienic measures were prescribed, including a short rest in the country. As a result, although she has not completely recovered, there has been great improvement and she is working well.

There was one case of *phobias* who did not return after the first visit.

There were 6 cases of *hysteria*. Of these 3 improved, with the results in the other 3 not known. One case may be quoted. She was a girl of 14 when she first came to the dispensary and had been living with different foster parents for some years. These parents reported that she had attacks of sleep walking and convulsions. Examination showed that she was suffering from the Froelich type of hypophyseal obesity with constipation, irregularity of menstruation and lethargy. In addition she was seclusive, suffered from many anxious dreams and was obsessed by fears of tuberculosis. She was given extensive physical examinations in a hospital, diet and medicines were prescribed, and the environmental influences were carefully controlled. As a result there has been a considerable improvement in the physical symptoms, with a marked loss of weight, a recovery from her sleepy spells, the hysterical convulsions have not returned, her fears have disappeared and she is working rather satisfactorily, although still somewhat lethargic.

There were 4 cases of *compulsion neurosis*. Of these the condition of 2 remained unchanged, the result in 1 is not known, and only 1 improved. The history of this last patient may be briefly given.

The patient is an unmarried Swedish woman of 30, who obtained very high wages as a cook. Nine months before she sought treatment her father died. A month later the thought suddenly occurred to her "I wish father were in hell." This was repeated as a compulsive thought, with variations of tortures inflicted on him, a compulsive cursing of God, the thought that she was cooking her father's flesh whenever she cut any meat, etc., etc. Tortured by these thoughts, she obtained practically no sleep for months, had frequent headaches, was able to eat very little food, and naturally suffered considerable loss of weight. Her case was different from that of most compulsive neurotics, however, in that she never developed the idea that work was bad for her, and she stuck to her work with admirable tenacity. This made the prognosis more favorable than in the ordinary dispensary case of compulsive neurosis. The

treatment, which was carried on over a number of weeks, consisted of encouragement, the suggestion that the symptoms were temporary, and a superficial analysis of her difficulties. In two months there was a marked improvement, so that she slept and ate well, and became fairly free from her painful thoughts. She has not been heard of for over a year, which is probably an indication of continued improvement.

It may be remarked, incidentally, that with a neurotic patient a failure to return for further advice is very often indicative of relief from the symptoms, and that it is therefore safe to presume that our results are somewhat better from this group than the statistics would indicate.

There was one case of pure *hypochondria* with a dispensary habit in which there was only a slight and doubtful improvement.

There was one case of *tic* which is interesting enough to be described. He was a bright, shy child of 8 who had few amusements. At school he was bullied by the big boys, and probably was struck by his father at home. He developed a tic of pulling his mouth to the left, shaking his head and then turning it to the left. These symptoms developed after making these movements when shrinking away from the big boys who struck him, and they lasted several months without improvement. It was explained to the patient that these movements were an indication of fear, and measures were taken to protect him from aggression both at school and at home. It was recognized that he probably would not have developed a neurosis if his life had not been so cramped, if he had enjoyed a few of the amusements normal for his age. He was asked what his chief ambition was, and finding that he wished for a pair of roller skates more than anything else in the world, the money was given to his parents to buy him a pair. It is typical of the obstacles encountered in dispensary practice, that the chief difficulty in this case was to persuade the parents to use the money for this purpose, as they persisted a long time in the conviction that the child needed medicine, and that his trouble would only become worse if he were

allowed to play on the street. After some pressure was brought to bear on them, however, this treatment was instituted and a complete recovery resulted in a few weeks, when the boy returned and was able to boast of being able to beat some of the "big guys" in racing on the roller skates. The mechanism of recovery in this case is instructive. The antagonism to the big boys obtained a normal outlet instead of appearing as a symptom.

The next largest group of cases were those of *dementia præcox*, of which there were 21. Of these, commitment of 4 was advised at the time of the first examination. One was committed six months later. The subsequent history of 9 is not known at present, but of these a certain number will be brought back when the symptoms become worse, so that we may presume that these are getting on fairly well. Four have shown improvement. The condition of 4 has remained unchanged, and in 1 case there is an apparent recovery. In this group of *dementia præcox* the situation which is attacked is almost always a social one. The facilities at the clinic are such that it is idle to hope for radical improvement in any but exceptional cases. The aim is, therefore, to get the patient to work, keep him at it as long as possible, and to see that his psychosis does not seriously affect those in his environment. The last is the most important consideration, as we find time and again that the delusions of these patients result in grave maladjustments at home, which tend to produce nervous and mental trouble in the other members of the family. The clinic does good service to the community in many cases by advising commitment at an earlier stage than would otherwise take place, and thus confining the trouble to one individual. Two cases in this group may be cited.

L. J. was 33 when first brought to the clinic by her employer, who reported that she was irresponsible, unsatisfactory in her work, that she appeared silly and had no will power, and that her behavior was occasionally erotic, while she gave accounts of erotic experiences which were probably pure fantasy. In a brief examination no trends were elicited, but a diagnosis seemed justified on the basis of her

apathetic attitude and inappropriate affect. Those who were responsible for her were warned to watch for the outbreak of more marked symptoms, and employment was secured for her with an indulgent family to whom the situation was fully explained. Since then she worked well for a couple of months, then had a period of erotic behavior which improved when she was scolded or discharged, after which she returned to work again, satisfactorily enough, for another period. It is likely that grave social complications would have arisen with this patient had she not been placed under this supervision. Her disease had not developed to the commitment stage, and even if she had been committed the community would have lost that measure of productive activity of which she was capable. This case is quite typical of the methods and results of the clinic in handling these cases of dementia præcox.

The other case is cited not because it is typical but because it gives evidence of what may be accomplished by intensive effort.

F. K. was 18 years of age when she was brought to the dispensary. For two years there had been a progressive definite loss of interest, and an increasing seclusiveness culminating in abandonment of her high school work, her remaining practically mute at home, and eating little. The examination showed no depression, no obvious apathy, but a tendency to silly smiling. There was no scattering of thought, but there were grave inconsistencies in her account of symptoms, and she constantly gave the impression of withholding delusional thoughts. This case is possibly not one of dementia præcox, but the history and the symptoms, so far as they went, were more closely allied to that group than to any other, and it is my opinion that if this treatment had not been instituted, pathognomic symptoms would shortly have developed. It was recommended that she be removed from her home environment and forced to some steady occupation that would keep up her interest, and that her seclusive tendencies should be steadily combated. Miss Taft undertook to follow out these directions, and spent what seemed for a time to be a

fruitless amount of valuable energy. She took the patient to work in her own office and for some weeks she was very difficult and trying helper, resisting all suggestions and replying to everything with "What does it matter?" or "What difference does anything make to me?" Miss Taft's patience was finally worn to the breaking point, which the girl saw, and this was apparently the first thing to make any impression on her. After quite an emotional upset she expressed gratitude for what had been done and contrition for the trouble which she had made. From that point onward her improvement was marked. She is working quite satisfactorily and has become a great favorite with all those with whom she is associated. Superficially, at least, she is perfectly well.

There were 7 cases belonging to the rough group of manic-depressive insanity, varying from serious acute psychoses to more or less chronic incapacitating depressions. It is not unnatural that all the cases were depressive, either pure depression or complicated by an anxiety state. In 1, commitment was advised and carried out with excellent result. In 2 there was no change. In 2 the results are not known, and in 2 there was improvement which could be traced directly to the treatment. It is rather interesting that in only 2 of these cases did environmental factors seem to be of sufficient importance to justify the coöperation of the social service department. In other words, in this group the make-up of the patient appears to be the more important factor, so that psychotherapeutic measures are indicated. With conditions such as they are, these measures can not be expected to be very effective, which accounts for the fact that only 2 instances of improvement can be claimed among these 7 cases.

An interesting group is that of the 14 cases which are classed under the rough heading of *psychopathic constitution*. Of these, 4 were plainly cases of moral defect, 2 were alcoholic, 3 were psychopathic children. Of the others, 1 was a case of homosexuality; another of abnormal egotism combined with unusually strong sex impulses. Another can not be better diagnosed than by saying that he was

too proud to work and that he suffered from the conviction that the world owed him a living. One case was of psychotic instability where mild external difficulties would lead to definite psychotic episodes of a typical nature. Another had a cyclic make-up with abnormal enthusiasms, sympathies and antipathies. Improvement can only be claimed in 3 of these 14 cases, but that does not indicate that the clinic was of no use in the other 11. The majority of these cases were applicants for relief, where the charity organizations were in a quandary as to whether relief should be given or not. The opinion of the physician as to the chronicity of the patient's difficulty is naturally of value to the charity workers. Two of these cases are of sufficient interest to justify special mention.

H. M. had had a short admission in Central Islip State Hospital where a diagnosis of constitutionally psychopathic state had been made. Following parole she had worked fairly satisfactorily for two years, but for two weeks preceding her introduction to the clinic she had been confused, showed queer conduct and been in bed most of the time. It was found on examination that her upset was apparently due to discussions and worry about the war. It was thought that she would be benefited by a brief relaxation from the strain of adapting herself to the environment, so she was sent to the country for a couple of weeks, where she made a very fair recovery and returned to work, at which she continued for ten months. The next upset was due to sensitiveness to gossip and to the inquisitiveness of her fellow employees, concerning which she developed a rather paranoid attitude. An investigation at the place of her employment showed that there was some basis for her complaint. Improvement again followed a brief rest in the country. In this case it is highly probable that if she had not had the clinic to turn to, her condition would have become worse, and commitment would have resulted, with a long absence from work, and the inevitable discouragement incidental to that stigma.

K. H. came to the clinic at the age of 23, complaining of vague nervousness. He was found to have a rather cyclic

make-up, to be irresolute, with much violent feeling on social problems (his views bordering on anarchy) and extreme reactions to family situations. He never worked in any factory without fomenting a strike, and had been prevented from shooting his father during the course of a domestic quarrel only by the interposition of a friend. He was intellectually much above the average of his social level, with excellent command of English and strong literary tendencies, but had never been able to accomplish anything as a result of his emotional instability. On account of the patient's intelligence a considerable amount of time was spent in his case, and he reacted in an almost startling way to any analytic interpretation of his attitudes. For instance, after it was explained to him how his antagonism to employers and to his father had arisen, he worked 18 hours a day for 6 weeks for his uncle, and developed the business of the latter to an extraordinary degree. Similarly, when he told of a rather foolish love affair which was causing him a great deal of worry, an analytic interpretation led to his putting all thought of the girl completely from his mind. He still lacks objective in his activities, but in spite of this has gained considerably on the whole. If he had not come to the clinic his energy would have gone entirely in the direction of fomenting social unrest, and the probable commission of actual crime.

There were 6 cases brought for examination of *intellectual defect*. Three of these were sent to institutions, 1 was recommended to the ungraded class of a public school, and in 3 there were directions given as to physical and mental hygiene at home. The results in none of these cases are known, which is not unnatural as all were brought merely for diagnosis.

The examination for intellectual defect is of particular value, when made by one who is familiar with mental abnormality as well as subnormality, in these days when set "psychological" tests are used to brand all kinds of failure with the diagnosis "feeble-minded". One case may be cited to illustrate this.

A child of 7 years of age had been given the Binet-Simon

test by her school teacher and pronounced to be feeble-minded, and was therefore to be placed in an institution for defectives. Examination at the clinic showed that the child had defective hearing and eyesight, was shy and seclusive, but there was no evidence of definite intellectual defect. Her home environment was altered and she was not interned in an institution.

A most important group of 9 cases is that which can best be spoken of under the rough heading "*social situations*". These are cases where parents, school teachers or social workers bring problems to the clinic in which it is thought that psychiatric opinion may be of value. There are in this group 3 cases where charity organizations were suspicious of there being some mental abnormality, but where the need brought to their attention seemed to be genuine enough. One of these was a woman, probably paranoid, who was a chronic applier for aid. The society was advised to give her no further assistance without definite evidence being offered by the patient of willingness to work. Another was a young man who was using his neurotic symptoms to excite sympathy. In another the destitution of the family was found to be traceable to the paranoid condition in the father, and the society was so advised. There were 2 cases of children who were developing bad habits. The psychological factors in these cases were exposed, superficially at least, and the parent given advice as to education and discipline. In 1 there was improvement, in the other the result is not known. Another very interesting situation is that presented by a woman of 40 years, and her son. Following her experiences in confinement, the woman developed fears of anesthetics. Eighteen months before coming to the clinic she had suffered a miscarriage, and at this time she was much disturbed with fears of operation. From then on she had the idea that her second child was suffering from various ailments, that he would be taken from home against her will, be operated on and die. She also feared that her husband would be killed. She thought that her dead parents wanted her to join them because she was always dreaming of them. She was

antagonistic to the Charity Organization Society and suspicious of her neighbors. When examined, her affect was not fully appropriate. This case, possibly one of dementia præcox, was obviously that of a woman whom it would be very difficult to handle. The complication arose from her fears about the child. He was a boy of 8 years of age who for 18 months had been dragged around from one dispensary to another by his mother, who always insisted that he was suffering from various complaints. The boy himself complained of his symptoms only when they were directly suggested to him at the time of the examination, and the mother did not allow any examination to be conducted except in her presence. The boy was normal, apparently, in school, and when he had occasionally been away from his family in the country he was also quite well, but naturally he was absent from school much of the time, and was prevented from enjoying all the normal activities of boyhood by his solicitous mother. It was strongly advised that the boy and his mother be separated, but in this the mother steadily refused to acquiesce, and there was unfortunately no legal pretext for their separation. The boy's outlook is naturally very bad. This case is cited, not only for its intrinsic interest, but also because it is an exaggerated example of the type of influence which is often at work in homes where a solicitous parent is fostering a hypochondriacal attitude in a favorite child.

Another case of this group may be cited, showing the striking value of expert diagnosis. The patient is 27 years of age, and has been a widow for seven years. A year and a half before her case was brought to the attention of the clinic she was deceived by a man who made promises of marriage and robbed her of her savings. After 15 months of this unhappy union he deserted her with a ten months baby on her hands. In absolute destitution she attempted suicide. After her arrest the case came into the hands of a charity society which wished to have the patient committed as an irresponsible or insane person. Others in the organization, not so convinced of her abnormality, had her brought to the clinic where a thorough examination re-

vealed nothing to suggest either an abnormal make-up or a depression going beyond the limits of the natural reaction to her unhappy fate. The charity society was therefore recommended to take care of the child and give the mother every necessary assistance. The results of this treatment are now apparent for the mother is financially independent, supporting the child and as happy as any one in her condition could be.

Finally there were some 19 cases which we are forced to put into an *unclassified* group. Among these were 5 neurological cases referred to the neurological department in the Cornell dispensary and to different hospitals. There were 3 cases of paresis, which were sent to Bellevue Hospital. There were 2 cases of epileptic deterioration in which environmental treatment was advised. There were several medical cases with neurotic exaggerations of symptoms where suggestion and environmental treatment were given. There was one case of involution depression, previously in Manhattan State Hospital, which was returned there; and another of the same type, not before treated, which was sent to Bellevue Hospital. There was one adolescent, without symptoms, who came for advice in sex matters; and finally, there was one case of a girl with delayed menstruation, abnormal tension and hysteroid "convulsions", whose condition was much improved by general hygienic measures.

As these 100 cases have now been outlined, we can summarize this work quite briefly. It is seen that in the group of psychoneuroses there is improvement in, roughly, half of the patients, which is probably to be considered as a favorable result when one takes into account the disabilities under which the work is done. In all of the others, or three-fourths of the cases, the main function of the clinic is seen to be diagnostic and advisory. And the value of this work can be judged by the fact that of all the 100 cases there were improvements in 44 of the situations, either individually or socially, concerning which advice was sought, and that in every case the improvement could be traced to the work of the clinic. If we take the proportion of those where results are known, there is 64 per cent of improvement.

In only 10 of these cases of improvement were the results obtained without the coöperation of the social service department. We can therefore say that without this branch of the work the clinic would have been effective in only 10 per cent of the cases seen. This indicates that the clinic is dependent on the social service worker for its success. On the other hand, the purely psychiatric side is of equal importance, for in each case the patient came spontaneously or was brought because common sense had failed to relieve the situation. This shows that expert diagnosis and advice is of equal importance with the means to carry the advice into effect. Neither the psychiatrist nor the social service worker can be independent of the other if the work for this class of patients is to be successful.

It may not be out of place at this point to remark on the status of the psychiatrist in the community. Up till now he has been an individual secluded in an institution, whose knowledge and skill have been available only to those whose mental fortunes have already suffered shipwreck. The time is quickly coming, however, when the psychiatrist must take his place on the same footing with the surgeon or the internist as the expert in those problems with which medicine and surgery are unable to cope. The experience of this clinic alone is enough to demonstrate that neither common sense nor kindness is effective in solving these problems, any more than the best of unskilled nursing can aid the sufferer from typhoid fever or pneumonia. It is gratifying, therefore, to learn that the psychiatrist is gaining recognition, even if it be only by charity organizations. The time will probably soon come when he can hope to earn his living in private practice without hiding behind the title of neurologist or internist. His best work must be done with those who are not insane, and it is the responsibility of all of us to educate the public away from the belief that mental abnormality of any grade constitutes a stigma.

The disabilities under which the clinic labors have been mentioned. It is not out of place to suggest what changes might be made in order to improve the value of this work. In the first place, and obviously, the clinic should be better organized, with more physicians and in better physical sur-

roundings. Above all, there should be more such clinics. They should exist in every city and town. In the treatment of these patients certain needs are constantly coming to mind. One of these is for an observation home for children of abnormal tendencies. It is a psychological peculiarity of children that very few of those who have not yet reached the adolescent stage are capable of consciously formulating their difficulties. For this reason one has to rely on actual observation of the child at play and work. An observation home for children, therefore, would give trained observers an opportunity of studying these patients in a fairly normal environment, and would make it easy to determine how much of their difficulties was dependent on faulty environment. The ungraded classes furnish desirable treatment for the feeble-minded, but they are not adapted to the treatment of the abnormal. For this reason there is at present absolutely no place to turn when one wishes to study and treat the abnormal child.

Another need is felt whenever one has to do with the constantly recurring cases of dependents who are dependent because of constitutional defects, or of mild psychoses which make it impossible for them to adapt themselves to the rigorous demands of our intricate modern life, but who can be economically productive if they are in an environment which offers them less responsibility in adaptation. For these individuals an industrial colony is a crying need, where could be sent alcoholics, mild paranoiacs, and that vast army of indigents who are incapable of finding and keeping employment without supervision, but who are nevertheless capable of much and good work where their tasks can be given them piece by piece, where they are not called upon to plan their own lives.

The last need that I have to mention is that of greater authority over the homes of those who are mentally abnormal. If a child has committed a crime the State is allowed to remove that child from its environment and place it under such influences as it thinks best. If the child, thanks to the same environment, however, has not been lucky enough to commit some crime, the State can do nothing for it until such time as mental disease may develop in its most

aggravated form and the family petition for the patient's commitment. Similarly, if a man is brutal in his treatment of his wife, the State may interfere; but if he have delusions of unfaithfulness or merely a constantly suspicious attitude, he may make her life, and that of all their children, a continual torture, and yet the State can not intervene. There is, naturally, a limit which must be set in any society to the interference on the part of the State with the independence of the home. But if a psychiatric department were part of the machinery of the court of domestic relations and the juvenile court, if psychiatrists were given an authority commensurate with that enjoyed by the board of health in the control of infectious diseases, there are many families which would be made happier, and fewer children would be bred to fill our insane hospitals.

It would not be right to close this paper without mentioning the value of the psychiatric clinic to the physician himself. Most psychiatrists are working in institutions. Many of them are, sad to say, "institutionalized." There is no experience which can prevent this dreadful deterioration more effectively than an active dispensary service. It is not merely that one's clinical experience is broadened; that goes without saying. A more important influence is that of the therapeutic responsibility which is forced upon the physician with each examination he makes. In the insane hospital it is an easy thing to examine a patient, make a diagnosis, and in summarizing the case say that treatment should be "institutional." In many cases this is, of course, quite justifiable. For of the vast number which are placed under the care of one physician, it is impossible that treatment should be individualized in every case. In the dispensary, however, the responsibility is immediately upon the physician. He must come to a speedy decision and much may depend upon his advice. Tragedies are often to be averted, and *his* will be the responsibility, very largely, if the advice be at fault. It is this constant demand for quick and accurate thinking that makes the dispensary experience invaluable to the physician, the bulk of whose work lies in an institution.

DISCUSSION OF DR. MACCURDY'S PAPER "PRACTICAL FUNCTIONS OF THE PSYCHIATRIC CLINIC"

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Dr. MacCurdy has described in detail the functions of the psychiatric clinic, and has given the results obtained in a large collection of his cases. In spite of the fact that the results obtained are excellent, even from a statistical point of view, we have become so accustomed to look upon these cases as potential hospital residents that we are likely to hear the old question soon repeated, "Is it worth while?"

To show further that it is worth while, I thought it might be well to supplement Dr. MacCurdy's remarks by referring to certain types of cases that come under my observation during the few years I have been associated with the Cornell Clinic.

The cases that I have chosen were selected not because they belong to any particular diagnostic groups but because they represent fairly the problems with which we have to deal. Furthermore, they are not cases that required, as a rule, treatment over an extended period of time, but instead are cases that have reacted rather quickly to suggestions when their actual difficulties were clearly pointed out to them.

The cases may be rather roughly divided into three groups: those requiring some assistance in readjusting themselves; those needing a different environment; those needing early institutional care. The diagnosis in each case will, I think, be fairly obvious.

CASE 1. E. R. Age 34. Florist. Interviewed at clinic March 18, 1915.

His father suicided.

Two years before the interview took place his brother entered into partnership with him. This was an unsatisfactory arrangement, since the brother was evidently not very efficient. For a year the patient worked very hard night and day to save the business. Finally he sold out. Because of his selling out, the brother quarreled with

him. The patient felt shocked, became worried and despondent, went home, lay down, felt as if he were going crazy. From that time he was unable to do things, lacked ambition. During the summer he tried to cheer up by drinking six or eight glasses of beer a day. This made him feel rather stupid, so he stopped drinking. Feeling then a little brighter, he took over a florist's business. About this time his son became ill. His brother, after promising him not to do so, started in business two blocks away from him. He then became despondent, paid little attention to his business. He says things became mixed up. Though he felt that he was losing everything, he was quite powerless to prevent it. During the winter he had various hypochondriacal complaints, thought he had consumption. Often he became so tense that he would shout. At times he felt like committing suicide, as his father had done; again he feared he would injure himself. A few times he took his wife and children by the throats; afterwards he felt penitent. He said he really meant to do them no harm.

At the time he came to the clinic he felt hopeless, could not stand the strain any longer. One naturally asks, What can be done in one interview for such a man? He has been given advice before. You can not analyze him! This much we can say—the patient came for advice and help; he was advised; his difficulties were talked over with him. It was shown to him that he had no physical disorder; that he was in fact a strong healthy man who had become unsuccessful, in large measure, because of useless worry and lack of application. At the close of the interview he promised that he would return to his business and try to apply himself as he should. This was the only time he was seen at the clinic.

A year and a half later his clergymen, who had brought him, returned with another patient. It was then we learned that the patient at once attempted to readjust himself, and that, in spite of his various setbacks and of his badly tangled business, which required the services of an actuary for several months to straighten out, he finally recovered.

CASE 2. L. K. Age 47. Married.

At 39 she suddenly began to realize the absolute emptiness of her life. She worried constantly, and grew more and more downhearted for three years. After this she was well for two years, that is, during the time she was caring for a nephew of her husband who was a consumptive. After his death she gradually drifted back into this worrying, dissatisfied state. She worried about everything. She was dissatisfied with her married life, but she did not want to leave her husband because she felt it was her duty to remain with him. She could not bear to be out later than 10.30 at night. She felt uneasy when she saw young girls on the street. Heaven and hell worried her. "To have a hard world here and be uncertain about the next" was a cause of much concern. She felt she would like to do things

for people—the poor, the ill. She found little interest in her home. Frequently when she came to the clinic she said she felt irritable, “This morning I took spite out on the cat, put the cat out of the house.” “If I can make a little noise I feel happier.” “If any one crosses me during these spells I take it out on them.” Afterwards she felt sorry for her conduct. On another occasion she said, “I am constantly nervous, I am living in the past.”

Though she has a rather long history, this brief description will doubtless give one a fairly good idea of the state of her mind and the nature of her worries. Day in and day out, and week in and week out, she came to the clinic, sometimes twice a week. The week was quite too long for her to wait, so she had to consult two physicians. She was originally Dr. MacCurdy's case, but because of feeling the need of more frequent advice she came to me also.

We tried in various ways to suggest to her healthy pursuits, outside interests, but with varying degrees of success. Sometimes she felt better, again she was not so well. In the history we noted that while she was caring for the nephew of her husband she was quite well for two years. She had frequently spoken of her desire to have a child to care for. With this in mind, we suggested that she adopt a child, but the husband was unwilling. Later another nephew of his, a small boy of nine or ten, was taken into their home by the urgent request of the patient. From that time her improvement began.

When seen on a friendly visit to the clinic a short time ago, she seemed happy, contented, and quite care free. Somewhat later she came to Miss Wells, the social worker, to thank her personally for the attention she had received.

CASE 5. A. D. Age 29. Clerk.

For four months the patient complained much of pains in his back. After he had worked for two or three hours the pains became so excessive that he had to stop. When he was examined nothing abnormal in his physical condition was found, but when closely questioned it was brought out that he was about to be married, was worried about it, dreaded the ordeal, then developed the physical symptoms above mentioned. He also had certain hypochondriacal notions about his sexual organs, feared he was not like other men.

He was seen only a few times. A rather superficial analysis of his symptoms was made. He improved rapidly and within a short time married. A letter received somewhat later stated that the patient was in good condition. He expressed much gratitude for what had been done for him.

CASE 6. M. D. Italian. Age 45. Referred by the Patterson Organization Society.

Seven years ago some stomach trouble; recovered.

Six months before coming to the clinic his wife died. After that he began to complain of pain in his stomach. A surgeon made a

diagnosis of gastric ulcer. Operation was performed but no ulcer was found. After the operation the patient became depressed, worried, was unable to care for his children.

When seen at the clinic he felt quite hopeless, unable to work; was emotional, with a good deal of crying. He complained much of abdominal pains. It was difficult at first to convince him that he was able to work, but finally a plan was laid out for him. He was given a certain amount of work to do each day. His diet was regulated. A week or so later the amount of work was increased. Eventually he was able to do quite a little each day. He improved gradually, and the last letter from the Society stated he was much improved.

CASE 7. B. B. Age 30. Silversmith.

A number of years ago he visited the clinic a few times. He complained of various peculiar sensations in his head like a chill or cramp, of being nervous. Sometimes he had to stop work, occasionally had to take time off. Doubtless because of language difficulties and his rather peculiar manner of expressing himself, his real difficulties were not at first well understood.

In February, 1916, he returned to the clinic. He stated that for two years he had been drinking a pint of beer daily to make him sleep. About a week before visiting the clinic he stopped both drinking and smoking because he thought they made him nervous. He said he was much inclined to worry over trivial affairs. He took things too seriously. If any one said anything in a joking way, he would ponder over it. Sometimes he had peculiar sensations as if something were rushing up the back of his head. He also complained of his thoughts troubling him. He had certain compulsive ideas, "If I want to sit down, the thought comes to me to run around the chair two or three times." "If I am going to bed, the thought comes to me not to go to bed." When out fishing he sometimes feared he might jump into the water, or when crossing a bridge that he might jump off. Insane people sometimes committed suicide in that way. In the presence of people, he was evidently much embarrassed, could not express himself well, felt stupid. He said, "When people talk to me, I talk too much in my mind but I can not express myself." He often felt like dropping, felt he would go insane.

In March he still complained much of his thoughts, "When I put my mind on something, another thought creeps in and overpowers me." He felt quite inefficient, thought he could not compete with the men in another department doing the same line of work. He was rather discouraged. On this occasion he was accompanied by his relatives, who thought the patient was going insane and that it was advisable to have him committed. The patient himself was quite discouraged and was willing to go to Bellevue Hospital. At this time an attempt was made to understand more thoroughly what the actual difficulties of the patient were, and an effort was made to explain to

him, in a simple way, the meaning of his ideas. Probably the thing of most value to him, and the thing which occasioned the most surprise to him, was to know that other people sometimes have queer thoughts which come to their minds but that they disregard them.

By June the patient showed very marked improvement. He was then working regularly.

He was not seen again until about a month ago, when he brought his brother to the clinic for treatment. In regard to his own condition the patient then said, quite to our surprise, that he was well. Whether one should take so optimistic a view, may be open to question. At any rate, he was apparently in a more nearly normal state than he had been for several years.

CASE 8. E. A. Age 13. Seen at the clinic in March, 1915.

Father and mother both defectives and immoral. Father alcoholic and in State prison for forgery. The children taken from the parents in 1913.

In September, 1913, the patient was placed in a free home. They had no difficulty with her excepting that she claimed she was "boy crazy."

In 1914 the people who cared for her feared she was pregnant. It was said she was quite shameless in speaking of her indiscretions. On investigation it was claimed that the patient had made advances to men. In school it was said that she had recently been demoted.

When seen at the clinic the patient made quite a frank admission of her delinquency, and expressed regret for her bad conduct. She told of having been in six or seven different homes during the time that she had been placed out. In some places she claimed she got along well; in other places, that she was unhappy. Her unhappy state of mind probably had much to do with her misbehavior; apparently she craved a good deal of sympathy and attention.

Before she was sent to the clinic it was thought that it would be necessary to place her in a reformatory. This probably would have been about the worst thing that could happen to this type of patient. The advice given at the clinic was that there be found for her a more suitable home—a home with people who would understand her and would give her a certain amount of attention, sympathy and kindness such as she desired. Evidently such a home was found for her.

When she reported six months later she was pleasant and agreeable, was again in school, was working hard and was expecting to be promoted.

According to her own statement and the statements of those who knew about her, she was trying hard to live a good life. She did not go out alone any more, and avoided as much as possible the society of men.

CASE 9. A. K. Age 35. Janitress. Married, six children. Seen at the dispensary January 21, 1915.

Family History. Maternal aunt committed suicide after killing her own daughter.

Patient's History. According to the patient, she became nervous two years before coming to the clinic. At that time the agent frightened her by telling her he would put her out of the house because she used too much coal. After that, whenever she saw him, she felt stirred up and nervous. Her heart "almost jumped out." (The man often spoke unkindly to her.) She constantly feared they would be put out of the house. When questioned more closely, it was found that the more marked nervous symptoms developed after the husband lost his position six months before. The support of the family then depended solely on her. She did extra work. Besides acting as janitress, she answered the telephone and did various other things, together with her own house work.

She fretted under the strain, became cross, irritable, wondered what would happen to them. Further light was thrown on the situation by the investigations of the social worker. The home was often in turmoil, the mother cursed at her children, so did the father. The agent was really not so bad as pictured.

About this time two of her children, a girl and a boy, aged 13 and 15 respectively, began to show peculiar behavior at school. The boy had recently been demoted. The teachers, he said, told him it was because of his conduct. The girl had also been demoted and was said to be nervous.

Because of the change noted in these children the teachers thought their mental condition should be investigated. They were referred to the State Charities Aid Association about the time the mother's mental condition began to attract notice. The result was that the mother and the two children were all sent to the clinic on the same day. The children, when questioned, seemed quite normal. The mother was found to be under much tension. She told of her difficulties as previously mentioned. While she laid most stress on her troubles with the agent, to us the situation looked quite different. We saw before us a woman, who in a difficult situation, was attempting to do more than she was capable of doing. The obvious remedies were: First, to limit the amount of her work; second, to assure her that she and her family would be provided for in an emergency. The suggestion was also made that she be given a small allowance until her husband found employment.

Some months later we learned that a great transformation had taken place in the home. Once more peace and harmony reigned.

In brief it may be said that readjustment was made possible in some of these cases because they came, as a rule, quite early, that is, before their habits and ideas had become fixed, and while they were still amenable to suggestion.

Of the other cases it may be said that their surroundings were improved and that they received more judicious care and attention.

To the third group of cases, those requiring early institutional care, the clinic also is frequently of much value, since it is often possible to prevent their being committed to the workhouse for disorderly conduct before their mental condition is recognized.

The various social agencies who recognize the value of early diagnosis have for some time past been in the habit of referring cases of this type to us for an opinion as to the most suitable plan of caring for them.

No consideration of this subject, however, would be complete without acknowledgment of the great value of the social workers in carrying out this work. Without their assistance, suggestions, and co-operation, much that we try to accomplish would be void of result.

THE MANAGEMENT OF DISTURBED AND EXCITED PATIENTS

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From the very beginnings of psychiatry the problem of handling excited patients has been a vexed one. Spirited controversies upon the subject of restraint have marked the progress of our specialty from the days of Pinel to the present; the orthodoxy of the psychiatrist has been measured—too often, perhaps—by his adherence to the dogma of the moment.

With but few reverses, the party of non-restraint has been dominant for long; long enough to have grown, like many another dominant party, somewhat lax in doctrine. After the horrors of the old-time asylum, a reaction toward complete non-restraint was but natural, and this movement reached its fullest flower in those English hospitals where patients once jumped gaily from unguarded windows, rejoicing in their freedom from restraint—until they reached the ground. Soon complete non-restraint was seen to have its disadvantages, and the pendulum began to swing back.

Complete non-restraint at present is but a roseate ideal, admittedly impractical in this imperfect world. Unfortunately, a sentimental affection for this ideal persists, to the hindrance of a sturdy pragmatism. As in the arts, so in the sciences, one finds the eternal conflict between the God of Things as They Ought to Be, and the God of Things as They Are. The writer subscribes himself a follower of the latter.

The rash adventuring of one so inexperienced into this stormy sea, still tossing in the winds evoked by the discussion of our forefathers, may seem to be impertinent. Perhaps it is. It is the writer's belief, however, that very much of this discussion has been dogmatic, based upon a sentimentally atavistic reaction. Regardless of personal likes or dislikes, any method of treatment must be judged finally by its results; and, with this in view, an attempt has been made to compare the methods of handling disturbed patients in the New York State hospitals.

As a beginning, let us define the terms to be used. The dictionaries of English define "restraint" as the state of being restrained, limited, checked or repressed; and, in the writer's opinion, no generally used word ought to be limited in meaning for any technical purpose. A patient is restrained by guards on the windows, by locks on the doors; by the very process of commitment his liberty is restrained. However, the term "restraint" has been limited by custom to describe only such mechanical appliances as may be placed directly upon the body of a patient to restrain his physical activity; and even here the term is restricted to exclude packs, which require restraint for their application. Restraint, in this paper, then, means that applied directly to a patient's body, without the interposition of wet sheets.

As a further feat of iconoclasm, the writer wishes strongly to protest against the distinction which has been made between restraint and treatment. Restraint is as surely treatment as is any other procedure designed to preserve life with comfort. As the writer knows from personal experience, the protection-sheet, as a means of treatment in the acute excitements, is often of much greater value both in quieting patients and in hastening recoveries than is any form of hydrotherapy. Later on, further reference will be made to this. In this paper, therefore, restraint, hydrotherapy, (this is, packs and the continuous bath) and the use of sedative drugs will be considered equally as treatment.

The question as to what patients shall be considered disturbed is one more difficult to settle. Despairing of any other definition, the writer has decided to consider as disturbed only those patients whose excitement is so intense as to demand treatment by restraint, seclusions, packs, the continuous bath or some sedative drug. As will be seen, manual restraint is here ignored. This is because it is quite impossible even to estimate the extent to which it is used. At the Manhattan State Hospital, it is used very little; upon this writer's service, it is never used, except as is necessary in the application of some form of treatment, because of the very great danger of injury to patients.

To regard as disturbed only those patients who require

treatment of the sort mentioned furnishes, at least, some calculable basis for statistical comparison. It must be remembered, however, that the amount of such treatment must always vary inversely with the amount of individual attention which disturbed patients can be given. Wherever the excited patient can receive the entire attention of one trained nurse, the necessity for drugs or restraint is greatly diminished, if not obviated. This is one great reason for the efficacy of the continuous bath. Therefore, hospitals having a small proportion of excited patients should be able to do with a minimum of restraint, since each case can receive individual care.

As a beginning, the writer has attempted to estimate the number of potentially disturbed patients in each hospital; that is, the number who may be expected, at one time or another, to require treatment as outlined above. Such an estimate, at best, can be only approximate, for the following reasons:

The estimated number of disturbed patients will vary—

1. With the personal equation of the individual making the estimate.

2. With a number of incidental factors, such as the proportion of disturbed patients to the total population, the ratio of attendants to patients, and the percentage of overcrowding in the hospital, all of which render it more difficult to give excited patients individual attention.

3. With the admission rate. Studies at the Manhattan State Hospital have shown that from 25 to 30 per cent of all patients admitted have at some time during their first two weeks residence become sufficiently disturbed to require special treatment. On the other hand, less than 15 per cent of the total population may be expected to become disturbed, and only about 5 per cent of the total population is continuously disturbed.

4. With the ratio of foreign-born, and especially of non-English speaking patients to the total population. Such patients are always more likely to become disturbed because of their inability to understand hospital conditions; moreover, the insane of certain races show proportionately a very high rate of disturbed patients.

5. With the frequency of visits by relatives. This cause operates most at the Manhattan State Hospital, where it is not infrequent to receive 1,200 visitors in one day. It is here a matter of common experience that on Sunday and Monday the daily average of disturbed patients is much higher than toward the latter part of the week. Moreover, during the recent quarantine of this hospital the number of disturbed patients, of minor accidents and injuries, etc., decreased to an extent which has been the occasion of general remark among the ward physicians.

The estimates of disturbed population have been made as follows:

1. By a series of observations at the Manhattan State Hospital it has been determined that a certain fairly exact percentage of patients in each of the various diagnostic groups may be expected to become disturbed at one time or another. Upon this basis the percentage of potentially disturbed patients in each hospital can readily be calculated from the table furnished by the State Hospital Commission: "Per cent distribution of principal psychoses in the State Hospitals July 1, 1916." In Table I, these figures are given as "Per cent potentially disturbed." For most of the hospitals this ratio is undoubtedly too high, as our proportion of disturbed patients is greater; this is easily seen by reference to the column which shows the number of patients daily under treatment. Even so, it will be observed that only one hospital, Brooklyn, has a greater proportion of potentially disturbed patients.

2. The State Hospital Commission has furnished the writer with a statement of the daily average number of patients in restraint at each hospital. In addition, the writer has obtained from each of the civil hospitals a statement of the number of patients placed in the continuous bath and in packs during one twenty-four hour period. No uniform records are kept of the hydrotherapeutic treatments given, so that no general average could be obtained. This statement, however, being on the same basis for all the hospitals, probably furnishes some idea of the extent of such hydrotherapy. (The detailed figures for each hospital are shown in Table II, "daily in packs" and "daily in restraint.")

From the Commission has been obtained a statement of the total amount of the various sedative drugs used in the various hospitals during the last fiscal year: October 1, 1915 to June 30, 1916. (Kings Park, Hudson River and Manhattan furnished the amounts of leaves of hyoscyamus, which has been calculated in doses of the "black sedative mixture." Brooklyn also reported the total dosage of all sedative drugs.

No other hospital reported the amount of hyoscyamus or of chloral hydrate used, so that the figures given for them are probably too low.) From these amounts the average number of daily doses of all sedative drugs has been calculated. (Table II.)

From these figures; those daily in restraint, daily in packs or continuous bath, and daily given sedatives, (Table II) were compiled the statements in Table I of those "daily under special treatment" for their excitement.

By averaging these various figures together with the results of the first computation: that is, total potential disturbed—daily in restraint—daily in packs and tubs—and daily given sedatives: one gets the numbers given in the second column of Table I, "average daily disturbed, estimated." As will be seen, this is less, at Manhattan State Hospital, than the total under treatment; an actual census of the wards shows that the average number daily disturbed is about 296 to 300. By comparison it will be seen that in the smaller hospitals with less active admission rates few of these cases receive treatment such as has been specified. The last column of Table I shows the per cent of total population which is disturbed continuously, according to this method of estimation.

In Table II the numbers of patients given treatment of the three sorts specified are compared with each other and with the total under treatment for excitement at each hospital. In this table also are given the total number of patients injured seriously, the number of escapes, and the number of attendants dismissed for ill-treatment of patients during the last fiscal year. The writer will not attempt to draw any conclusions from these figures; the replies from

the different hospitals were so diverse, and their population and admission rate vary so much, that it is his opinion that a just comparison could be made only after a complete survey of each by some individual.

TABLE I.—ESTIMATED PROPORTION OF EXCITED AND DISTURBED PATIENTS, ALL HOSPITALS

HOSPITAL	Average daily population	Average Est. daily disturbed	Daily under treatment	Per cent potentially disturbed	Per cent daily disturbed
Brooklyn State Hospital.....	836	36	22	14.74	4.28
Manhattan State Hospital.....	4951	252	283	14.66	5.08
Central Islip State Hospital.....	4917	197*	82*	14.40	4.00*
Kings Park State Hospital.....	4536	225	248	14.45	4.93
Hudson River State Hospital.....	3434	168	221	13.21	4.83
Rochester State Hospital.....	1611	63	41	13.22	3.91
Gowanda State Hospital.....	1253	45	7	13.86	3.61
Willard State Hospital.....	2450	88	9	14.08	3.59
Buffalo State Hospital.....	2186	76	17	13.26	3.47
Utica State Hospital.....	1681	58	11	13.06	3.45
St. Lawrence State Hospital.....	2215	75	9	13.22	3.39
Middletown State Hospital.....	2187	73	9	13.02	3.33
Binghamton State Hospital.....	2469	82	17	12.50	3.32

*No statement from Central Islip as to use of hyoscyamus (except hyoscine).

Use of all sedative drugs is stated for Manhattan State Hospital, Kings Park State Hospital, Hudson River State Hospital and Brooklyn State Hospital.

Use of fluid extract of hyoscyamus and chloral, not reported by the other hospitals.

TABLE II.—COMPARISON OF FORMS OF MANAGEMENT OF DISTURBED PATIENTS, ALL HOSPITALS

HOSPITAL	Daily under treatment	Daily packs	Daily restraint	Daily sedatives	Accidents	Escapes	Attendants dismissed
Manhattan State Hospital.....	283	58	17	208	45	3	5
Central Islip State Hospital.....	82*	15	0.57	66*	16	18	3
Kings Park State Hospital.....	248	11	1	236	38	35	4
Hudson River State Hospital.....	221	30	.....	191	11	22	2
Rochester State Hospital.....	41	16	3	22	10	.....	.....
Brooklyn State Hospital.....	23	4	12	6	.....	12	2
Buffalo State Hospital.....	17	3	5	9	13	11	2
Binghamton State Hospital.....	17	1	0.77	15	13	23	5
Utica State Hospital.....	11	1	0.58	10	11	8	1
Middletown State Hospital.....	9	6	3	.....	20	14	.....
St. Lawrence State Hospital.....	9	5	0.39	3.5	20	7	.....
Willard State Hospital.....	9	.....	1	8	29	4	2
Gowanda State Hospital.....	7	6	1	.....	6	19	2

*No statement from Central Islip as to use of hyoscyamus (except hyoscine).

Use of all sedative drugs is stated for Manhattan State Hospital, Kings Park State Hospital, Hudson River State Hospital and Brooklyn State Hospital.

Use of fluid extract of hyoscyamus and chloral not reported by the other hospitals.

TABLE II A.—COMPARISON OF FORMS OF MANAGEMENT OF
DISTURBED PATIENTS, ALL HOSPITALS

HOSPITAL	Daily under treatment	Daily packs	Daily restraint	Daily dosage all sedatives	Benefited rate	Death rate
Manhattan State Hospital.....	283	58	17	208	5.9	66.9
Central Islip State Hospital.....	82*	15	0.57	66*	7.6	65.2
Kings Park State Hospital.....	248	11	1	236	6.5	53.4
Hudson River State Hospital.....	221	30	.....	191	5.8	61.2
Rochester State Hospital.....	41	16	3	22	6.8	58.9
Brooklyn State Hospital.....	22	4	12	6	11.3	145.8
Buffalo State Hospital.....	17	3	5	9	5.0	57.5
Binghamton State Hospital.....	17	1	0.77	15	4.1	45.3
Utica State Hospital.....	11	1	0.58	10	6.9	81.9
Middletown State Hospital.....	9	6	3	.....	4.1	44.6
St. Lawrence State Hospital.....	9	5	0.39	3.5	3.6	47.4
Willard State Hospital.....	9	.....	1	8	4.1	54.9
Gowanda State Hospital.....	7	6	1	.....	4.2	44.2

*No statement from Central Islip as to use of hyoscyamus (except hyoscine).

Use of all sedative drugs is stated for Manhattan State Hospital, Kings Park State Hospital, Hudson River State Hospital and Brooklyn State Hospital.

Use of fluid extract of hyoscyamus and chloral not reported by the other hospitals.

TABLE III.—PROPORTION OF DAILY RESTRAINT IN PER CENT
OF TOTAL DAILY UNDER TREATMENT FOR EXCITEMENT, ALL
HOSPITALS

HOSPITAL	Daily under treatment for excitement	Daily in restraint	
		Number	Per cent
Brooklyn State Hospital.....	22	12	54.54
Middletown State Hospital.....	9	3	33.33
Buffalo State Hospital.....	17	5	29.4
Gowanda State Hospital.....	7	1	13.3
Willard State Hospital.....	9	1	11.11
Rochester State Hospital.....	41	3	7.3
Manhattan State Hospital.....	283	17	6.00
Utica State Hospital.....	11	0.58	5.27
Binghamton State Hospital.....	17	0.77	4.50
St. Lawrence State Hospital.....	9	0.39	4.3
Central Islip State Hospital.....	82*	0.57	0.68
Kings Park State Hospital.....	248	1	0.4
Hudson River State Hospital.....	221	.....	.....

*No statement from Central Islip as to use of hyoscyamus (except hyoscine).

However, the writer can not resist offering Table III, which shows for each of the civil hospitals the per cent of patients under treatment for excitement who are in restraint. This shows that the amount of restraint used in any hospital should be compared with the daily disturbed population, and not with the total population.

As to the female reception service of the Manhattan State Hospital, where the studies to be considered later have been made, it may be said that the average monthly admission rate for the past fiscal year, (including 3 months, October, June and July, in which patients were not received, except weak cases) was 82.6 cases. The lowest number received in one calendar month was 22, all but 4 being bed-ridden. The highest number was 126. About 27.8 per cent of all cases received become disturbed to an extent requiring treatment with packs or restraint during their stay on this service. The average daily population of the service is 109; the average residence of each patient on the service is 13.4 days. The average daily number of disturbed patients is 16; the average number daily under treatment for their excitement is 12.8. Of these, 6 are treated with wet packs and in the continuous bath; 5 are in restraint, usually one in the protection-sheet and 4 in strap-sheet to prevent falling out of bed, and 1.8 receive sedatives. The only sedative drug used is paraldehyde. Only 1/100 grain of hyoscine was given during the last 18 months; 3 patients received 6 doses of morphine during the last fiscal year. The average daily consumption of paraldehyde is 1.8 drams. No sedative is given except at night to patients so noisy as to disturb others. The writer has found that warm baths, hot milk, tact on the part of nurses, attention to elimination and the allowing of judicious liberty during the day almost entirely obviate the necessity for giving any drugs as simple hypnotics.

Now let us consider in more detail the three forms of treatment specified.

1. SEDATIVE DRUGS.

These are largely used in all hospitals; they are the commonest treatment for excitement, because most easily administered, perhaps. In most hospitals, hyoscine, or the black sedative mixture, hyoscyamus, conium and chloral, or both, are used most. Next ranks paraldehyde, then such drugs as trional, veronal and sulphonal.

The dangers of hyoscine are so well understood that it

seems needless to emphasize them further here. Let it be said, however, that in addition to its immediate dangers, hyoscine, acting like belladonna, dries up secretions and therefore hinders elimination. It is notorious, also, that patients easily become habituated to chloral. All sedative drugs, even that most harmless one, paraldehyde, have their depressant action upon general metabolism, and cause gastro-intestinal disturbances; patients acquire a tolerance for them, and doses have to be increased. In many cases brisk catharsis will lessen irritability and quiet patients more effectually, and certainly with less resultant disturbance of function, than will sedative drugs. Every ward physician must have noticed, also, the irritability and sullenness of patients the day after sedatives have been given.

The writer believes that, save in exceptional cases, sedative drugs should be given only at night, and then only when a patient is noisy and disturbs others. This is the writer's own practice, and he has been surprised to find how few sedatives are necessary. As in everything else, the loyal coöperation of efficient nurses is needed in this; the writer has more than once noticed that a change in night nurses may temporarily double the amount of paraldehyde used.

2. HYDROTHERAPY.

The forms of hydrotherapy considered are limited to packs and the continuous bath because these are the only means by which it can practically be applied in the treatment of the disturbed classes.

It is with some trepidation, but not without a well founded belief, that the writer offers the opinion that the value of hydrotherapy, especially in the treatment of the acute excitements, has been greatly over-rated. Adler, in the *Boston Medical and Surgical Journal* for November 9, 1916, has reported the result of 1,000 packs applied to 309 patients at the Boston Psychopathic Hospital. Less than half the packs given manic-depressive cases produced any quieting effect. The writer's own studies show that little

more than one-third of the cases of acute excitement received on his service are appreciably quieted by wet packs. These are most serviceable in the episodic excitements of organic psychoses, excluding senile and arteriosclerotic cases.

Packs, also, have their dangers; they can not be given to weak and exhausted patients; they may produce exhaustion in the robust. If used too frequently, or if too prolonged, they give rise to the so-called pack-contractions; bicipital contractions which may persist for weeks or months; and to those pack-abscesses and skin-conditions which all have seen in disturbed patients.

Moreover, the patient's freedom of movement is much more effectually limited by the application of a wet pack than by the safety-sheet. In addition, in almost every case in which packs are administered it is necessary to restrain the patient with strap-sheets to prevent his escaping from the pack or falling out of bed and thus injuring himself. An argument which has frequently been advanced is that this should not be considered restraint, because it makes possible the application of a therapeutic measure. The fallacy of such reasoning is easily exposed. Let us remember that rest in bed is a therapeutic measure far more venerable than hydrotherapy, and one in value at least its equal. Therefore, if restraint be applied to prevent the patient from getting out of bed, thus giving him the therapeutic advantage of rest, it is, upon the same reasoning, merely applied to make possible a rational therapy.

Thus the demarcation between packs and restraint becomes regrettably tenuous. Let us also consider that all restraint must be reported as such to the Commission, but that packs may be applied without restriction. Thus every ward physician is confronted daily with the temptation of ordering packs, knowing from experience of a given patient that they will have no quieting effect, in order to avoid reporting a patient in restraint.

The continuous bath, if used for periods not longer than 8 or 9 hours daily, is undoubtedly of great value in the treatment of excitement, especially in delirious cases. In at least half of the manic excitements, however, the writer

has found it without quieting effect. Moreover, this procedure demands the individual attention of a nurse; the writer has seen patients do as well when merely kept in bed in the hydrotherapy room under the care of a nurse.

3. RESTRAINT.

The only forms used at the Manhattan State Hospital are the protection-sheet and strap-sheets to prevent the patient from falling out of bed. The latter form of restraint is usually limited to senile and other organic cases, who are both weak and disturbed; one or more sheets folded across the bed effectually prevent such patients from falling without interfering to any extent with the freedom of their movements in bed. Many patients who lie quietly under one strap-sheet will struggle violently against manual restraint, thus receiving many bruises and abrasions.

As for the protection sheet, it will not harm the weakest patient, while it will control the most disturbed. It limits movements far less savagely than does the wet pack, but even more effectually; it does not cause exhaustion; it may be left applied much longer without discomfort. The examiner does not hesitate to assert that in many cases it has a definite quieting effect. He has repeatedly seen patients who showed no reaction to any form of hydrotherapy become quiet when placed in the safety-sheet. He has placed repeated series of three manic excitements received at the same time in the bath, in packs and in the safety-sheet; and the patient in the safety-sheet has quieted down and recovered most rapidly quite as often as has the one in the continuous bath, and more often than has the one treated with packs alone.

CONCLUSIONS.

From 0.5 per cent to 5 per cent of the population of the New York State Hospitals requires daily treatment for excitement. Other things being equal, the number of patients disturbed daily varies directly with the admission rate.

The average number daily requiring restraint or seclusion

is probably never more than 1 per cent of the population; it ought not to be more than 0.5 per cent.

In any estimation of the use of restraint in a given hospital, the basis should be the average number of disturbed patients, and not the total population.

Because of the diverse populations, the different admission rates, the varying ratios of attendants to patients, the lack of any general standard by which the number of disturbed patients can be estimated, and the many other variable factors, no statistical comparison of the different means of management of disturbed patients with the death- and recovery-rates of the hospitals can be accurate without a preliminary survey.

Sedative drugs are used too freely, especially hyoscine.

In many cases, especially in manic-depressive excitements, hydrotherapy is of little value.

Restraint, in the form of the protection-sheet, is the least dangerous means of controlling intense excitements. Even the cautious use of packs and sedative drugs may cause serious results. Restraint, in this form, can very justly be considered as a means of treatment.

To use packs when they have no quieting effect is merely to evade the spirit of the Commission's regulations as to restraint. Packs then become actual restraint more severe than the safety-sheet; but there is no official ruling to limit their use.

With the loyal coöperation of an adequate and efficient nursing force, the amount of restraint can and should be reduced. The number of sedatives given, and the number of packs applied can and should be reduced equally. Individual attention and nursing care are of more value in treatment than any of these things, which are really make-shifts, at the best.

Finally, the writer would urge once more the necessity of a purely pragmatic attitude toward the whole subject of restraint. Every good State hospital man desires to give his patients the optimum of treatment. The assistant physicians of the State hospital service are conscientious; they all desire to reduce restraint to its practicable minimum.

But, while the overcrowding of the hospitals, an insufficient force of nurses and the necessity of dividing their attention among two or three hundred patients constrain them to its use, they should be free to apply it according to their best judgment, without fear of adverse criticism. The extent of mechanical restraint should be recorded; but the extent to which wet and dry packs are used should also be recorded; and it should be remembered that neither is as productive of injuries as is manual restraint.

Patients are in no way benefited by the reduction of restraint if this means merely a proportionate increase in the use of packs and of sedative drugs. Material advance in the treatment of disturbed patients can only be made by the equal reduction of packs, sedatives and restraint; this demands an increased and better trained nursing force, so that patients may be given more individual attention.

MINUTES OF QUARTERLY CONFERENCE

DECEMBER 12, 1916

Minutes of the conference of State hospital managers and superintendents with the State Hospital Commission, held at the Manhattan State Hospital, December 12, 1916.

Present—

Commissioners PILGRIM, HIGGINS and MORGAN.

Secretary EVERETT S. ELWOOD, State Hospital Commission.

Medical Inspector WALTER G. RYON, State Hospital Commission.

T. E. MCGARR, State Hospital Commission.

Statistician H. M. POLLOCK, Ph. D., State Hospital Commission.

JOHN J. RILEY, Inspector, State Hospital Commission.

Utica State Hospital, GEO. B. CAMPBELL, M. D., First Assistant Physician; Steward, CHARLES A. MOSHER.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent; Miss BERTHA A. PECK, CHARLES R. PHILLIPS, M. D., JOHN M. QUIRK, M. D., members of the Board of Managers.

Hudson River State Hospital, FREDERICK W. PARSONS, M. D., Acting Superintendent.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent; PHILIP G. SCHAEFER, GEO. M. ZIMMERMAN, members of the Board of Managers.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent; Mrs. ANNIE DEVEREUX MILLS, WILLIAM H. HECOX, members of the Board of Managers.

St. Lawrence State Hospital, R. H. HUTCHINGS, M. D., Medical Superintendent; JAMES M. WELLS, JAMES F. KELLY, Members of the Board of Managers.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent.

Kings Park State Hospital, WM. C. GARVIN, M. D., First Assistant Physician; Mrs. ALLIE A. ROGERS, ALBERT E. KLEINERT, members of the Board of Managers; CHARLES S. PITCHER, Steward.

Brooklyn State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Manhattan State Hospital, WILLIAM MABON, M. D., Medical Superintendent; CHARLES V. FARNES, GUSTAV SCHOLER, Mrs. JULIA

KEMP WEST, members of the Board of Managers; Drs. EVARTS, ROWE, KIRBY, SPELLMAN, KNAPP, HAVILAND, SMITH, DAY, FITZGERALD, PHILLIPS, ZEISS, RICHARDS, BENTON, MASON, VAVASOUR, HELLWEG, DUNLAP, HELDT, FOLSOM, GRAU, POATE, KELLEHER, WEATHERBY, WATERMAN, SOPER; Steward WATSON; Miss BAILEY, Superintendent of Nurses; Miss MASSAPUST, Social Worker.

Central Islip State Hospital, GEORGE A. SMITH, Medical Superintendent; M. B. HEYMAN, M. D., Assistant Medical Superintendent.

JOHN T. MACCURDY, M. D., Assistant in Psychiatry, Psychiatric Institute; WM. W. WRIGHT, M. D., Assistant in Clinical Psychiatry, Psychiatric Institute; CLARENCE O. CHENEY, M. D., Assistant Physician for Autopsies, Psychiatric Institute.

JOHN L. VAN DE MARK, M. D., Medical Examiner, Bureau of Deportation; SPENCER L. DAWES, M. D., Deputy Medical Examiner. GEORGE A. HASTINGS, Executive Secretary, State Charities Aid Association.

JOSEPH W. MOORE, M. D., First Assistant Physician, Matteawan State Hospital.

C. FLOYD HAVILAND, M. D., Superintendent, Middletown (Conn.) State Hospital.

SYLVESTER R. LEAHY, M. D., Assistant Physician, Kings County Psychopathic Pavilion.

WILLIAM L. RUSSELL, M. D., Superintendent, Bloomingdale Asylum, White Plains, N. Y.

The conference was called to order at 10.40 A. M. by the Chairman, Dr. Charles W. Pilgrim, who said:

Ladies and Gentlemen of the Conference:

We shall have only one session to-day, and I have been requested by Dr. Mabon to say that luncheon will be served at 1.30. We will therefore try to get through with our business so as to be on hand at that time.

First in order will be a paper by Dr. Poate of the Manhattan State Hospital staff on "The Management of Disturbed Patients in State Hospitals."

(Dr. Poate's paper appears on page 143 of this issue.)

At the close of Dr. Poate's paper Chairman Pilgrim said: "Dr. Poate's very interesting and instructive paper is now open for discussion. In my opinion this subject is one of considerable importance and well worth discussion by the members present. I hope that some one will start the discussion by describing conditions as they exist in his in-

stitution. I certainly hope that the subject will not go by default.

Dr. HARRIS: Mr. Chairman, Ladies and Gentlemen of the Conference—To my mind Dr. Poate has read a very interesting and instructive paper. I may say that I am very considerably interested in this subject, as, I believe, are all the hospital men present. It would seem that the institution in Brooklyn stands rather high on the restraint list as exhibited here to-day by Dr. Poate. I want to say on behalf of Brooklyn that a great majority of patients admitted there are of the exhaustive and senile classes. The fact is that last month over 50 per cent of all patients admitted were brought in on stretchers; that is, they were senile, organic or arteriosclerotic cases. These are the most troublesome classes to care for in the hospitals; they need more attention. It is in this class that you find more bruises, more fractures, more assaults from their fellow-patients. I believe this to be one reason for the apparently high rate of so-called restraint in Brooklyn. Since assuming charge of the institution I have looked very carefully into this subject. This record presented by Dr. Poate is for the fiscal year ending June 30. I did not go there until August. The form of restraint used in Brooklyn is the protection sheet; it is used when it is absolutely essential for the welfare of the patient. Another form is the camisole or jacket which leaves the patient with full freedom, as a rule, of his arms. This is put on to keep the patient from pulling off surgical dressings of various kinds; it is used as a really therapeutic measure and is not mechanical restraint in the sense that freedom is controlled. There are a few cases in which the long sleeve extends, but it is almost entirely the feeble senile cases that are in restraint as a therapeutic measure and for the safety of the patient. We use hydrotherapy in a certain number of cases and I think a daily average would be four since I have been connected with the hospital; it is not often that we have more than four. We have two baths for male, and two for female cases.

The question of administering sedatives is always one of personal equation, at least to a certain extent. I think

we use a relatively small amount of drugs in Brooklyn, certainly small compared to the amount I have seen used in some of the other hospitals. We don't use hyoscin; I don't think we are recorded as using any of that drug during the year. We give paraldehyde, a 25 per cent solution, and we have given some veronal, trional, and other sedatives in the way of bromides.

This question of restraint is always one foremost in the minds of those having the care of the insane. I might mention another thing which should be taken into consideration when the statistics concerning the Brooklyn State Hospital are being discussed; that is, that on the women's side where we have some restraint, we have 60 per cent of overcrowding. Also we are short in our nursing force—a condition I presume that exists in other hospitals. It will be seen, therefore, that it resolves itself into a question of proper accommodation of patients, of a sufficient and efficient nursing force (as stated by Dr. Poate in his paper) and until those things are brought up to their proper proportions we shall be obliged, certainly, to use restraint more or less; certainly more than we want to use.

Dr. HOWARD: Doctor, you have a great many visitors there too, have you not?

Dr. HARRIS: Yes; and we note the same disturbance of patients after such visitation.

Dr. MABON: Mr. Chairman—It seems to me the whole question resolves itself into a therapeutic measure. Formerly restraint was used very largely and was left to a great extent in the hands of attendants and nurses. Of course that should not be; it should be placed directly in the hands of physicians and should be applied whenever in the judgment of physicians of experience it is indicated as a therapeutic measure.

The use of the safety-sheet is a humane measure, and I endorse Dr. Poate in his commendation of it. We have to-day a number of patients in restraint, and I have spoken to Dr. Garvin about the matter.—he was formerly here—and I asked him how he got along without it at Kings Park, and he replied that he did not get the same kind of

patients at Kings Park that we are receiving at Manhattan. The safety-sheet is certainly more humane and is, in my judgment, far better to use than some forms of packs.

Chairman PILGRIM: This is a subject of very great interest to me. In 1882—which is a long time ago—I went as an assistant to an institution known as the State Asylum for Insane Criminals at Auburn, where only a few years before it had been the custom for the superintendent of the institution to make his rounds of the wards with a revolver in his pocket, and where mechanical restraint was used to a great extent. On the 8th of March, 1882, Dr. Carlos F. MacDonald, the superintendent of the institution, decided to abolish restraint and at the same time to withdraw from the patients the privilege of the use of tobacco which they had enjoyed for a long time. Now it might very well be assumed that those two things coming together would lead to no end of trouble. As a matter of fact the new rules did cause some trouble, but after a time things quieted down and went on in their usual course, and I believe that restraint was never again used in the institution; at least I know it was never used there while Dr. MacDonald remained superintendent. I went from there to Utica where mechanical restraint was in favor; in fact the superintendent, Dr. Gray, advocated the use of restraint and considered the Utica crib bed, which was known all over the world, as a very humane means of restraining disturbed patients; in fact it is said to have been invented by a French priest and was considered by a great many, as I have said, a very humane method of restraining patients. But you may all imagine how it must have felt to be locked in one of those cribs, night and day. It was impossible for a patient to rise, although they were large enough to permit some freedom of movement within the crib. But it was impossible to get out or to move about in any but a quite restricted way. Of those beds there were on an average from 30 to 40 in constant use. Shortly after succeeding to the superintendency of the institution Dr. Blumer gave orders that they were to be abolished. From that time restraint became a thing to be dreaded and avoided, and I never could

look upon it with very much tolerance except as purely medical measure. When I went to Poughkeepsie I found it had been prevalent there also. I said to the assistants: "We will go through the wards and make an examination of the different kinds of apparatus used." We went to the various storerooms and clothesrooms and altogether we discovered enough muffs, wristlets and camisoles to fill several large laundry baskets. All of these were brought out and destroyed. Dr. Harris, who was there at that time, will remember this occurrence.

So, as I say, I have looked at the question of restraint rather differently than have certain other superintendents. Dr. Poate shows here on his table that no restraint was used at Poughkeepsie during the previous year. I am going to ask Dr. Parsons, the acting superintendent of the Hudson River State Hospital, if he will explain how it was that we were able to do without it.

Dr. PARSONS: Mr. Chairman—Ladies and Gentlemen: In reply to the chairman's inquiry I suggest that this condition has been due to a considerable extent to the difference in the character of the patients received at Poughkeepsie from those received, for instance, in the Manhattan district. I remember well when at the Institute I saw disturbed patients such as we have never had at Poughkeepsie. Ten years ago, there were four or five patients who suffered from episodes of tremendous excitement. Those patients have gradually died, and they have not been replaced by others of like character. In my judgment we get along without restraint simply because we have'nt the kind of patients that are received here.

Hydrotherapy is largely used in controlling our disturbed patients. However, I think my experience agrees with Dr. Poate's, that certain patients do not react to hydrotherapy in such a way as to make its continuance advisable. Others show satisfactory reaction and justify its use. One criticism about Poughkeepsie that might be made concerns the amount of sedative used. When I had a service there I used to revise the list and reduce it arbitrarily. The tendency on the part of physicians is to increase the use of

these sedatives. It is extremely difficult to know just how to treat these disturbed patients in the most satisfactory way. At the present time all restraining apparatus is locked up in a box in the storeroom with a label attached to the effect that the storekeeper is never to issue them without the written order of the superintendent or first assistant. To my personal knowledge nothing has been taken out of that box in three years except on one occasion when we lent a protection-sheet to a general hospital in Poughkeepsie.

Dr. RYON: Mr. Chairman and Members of the Conference—For more than five years last past I have been very much interested in this particular element in the care of our insane. The use of mechanical restraint, especially in such a hospital as the Manhattan State Hospital, so overcrowded and with such a class of patients is a subject that must not be treated too lightly. But restraint should be limited to the minimum. I think Dr. Poate struck the keynote when he said that the individual attention of the physicians and nurses is necessary if we are to do away with it altogether. This interesting paper makes us realize how far short we are of a proper corps of nurses. The good example of such individual treatment was recently shown at the Middletown State Hospital, where a patient who had been in restraint for over a year was ordered out by Dr. Ashley who further ordered that individual attention be given her. She was given new clothing, efforts were made to interest her in games, and when after a time she became quieter, was induced to walk on the lawn, later being paroled home and has since been discharged as recovered. Now if in the crowded conditions of that hospital the superintendent and staff were able to do this, I think it should be tried out elsewhere.

Personally I do not think that restraint should be used in many cases, except for surgical reasons; but I do believe that it should be used in preference to frequent sedative measures. Hydrotherapy does not always work, but the doctor should not stop and apply restraint because it does not. Everything should be tried before the protection-sheet is used as a last resort. Individual attention, use of tact

and a personal knowledge of the individual characteristics of patients should enable any ward physician to cope with disturbed patients without resort to restraint.

Dr. PHILIP SMITH: The question of restraint comes down to the amount of individual attention which can be given to a patient. I believe that more individual attention will eliminate a great deal of trouble in our hospitals. This of course means a larger staff of doctors and nurses to perform the work. The character of the doctor or nurse must be taken into consideration. Some nurses are more inclined to the giving of wet packs, sedatives or the protection-sheet than others, and a change in the nursing staff is often followed by a change in the number of cases in restraint.

We all have disturbed patients on our services and on my own service there are many arteriosclerotic, senile, and paretic cases, who often have excited episodes which are quite intense. The protection-sheet seems to be very valuable in these cases and the wet pack does not accomplish very much. I have often found it dangerous to apply a wet pack to paretics on account of the liability to fracture of the bones and in case of death there is always trouble with the authorities. The wet pack appears to be most advantageous in acute maniacal excitement and in those cases where one is endeavoring to eliminate toxins which are circulating in the blood. Sometimes, however, it is applied without any of these objects in view but simply as a substitute for mechanical restraint. Sedatives have not been very satisfactory when used by me as they have a tendency to dam back secretions and prevent the elimination of toxins which are circulating in the blood.

The protection-sheet, wet pack, and sedatives when used to control excitement should be used with good judgment and only when ordered or directed by the ward physician.

Dr. HOWARD: Mr. Chairman—I wonder if it would be worth while in modifying or controlling the use of sedative drugs, for the State hospitals to go back to the single dose system; to have no prescriptions written and carried over from day to day for these drugs but to have the prescription

prepared when it is needed. That, of course, is a very hard job, and I am not sure that we all want to do it; some assistants will get away from it whenever they can. I always dread when I hear of a list of that character, dread lest the patients might be led into a drug habit, in our treating them for excitement.

Chairman PILGRIM: Dr. Howard, have you ever known of a drug habit developing in a hospital for the insane?

Dr. HOWARD: Do you mean any one developing a drug habit there originally?

Chairman PILGRIM: Yes.

Dr. HOWARD: No; not for very many years. When I first went to the County Asylum at Rochester there was a woman attendant there who had succeeded in getting hold of the key of the apothecary shop, as we called it. She was in the habit of giving chloral to a disturbed patient, and I found that she had developed the chloral habit in that patient. I speak of the single dose plan because I have an idea that those sedatives do a lot of damage to the human body independently of starting or forming a drug habit in the sense that a drug fiend has a drug habit.

Dr. ASHLEY: Mr. Chairman—I am intensely interested in the subject of this paper as well as the discussion. It has been my fortune or misfortune during the past thirty years to watch the progress of the care of the insane at various institutions in this and other States, and to notice the gradual diminution in the amount of mechanical restraint used, and I am not at all pessimistic about conditions or the outlook. I have seen the Utica crib used as described by Dr. Pilgrim, and I have seen various other kinds of restraint in use, such as benches, straps, wristlets, muffs, strait jackets, etc., and I have seen them gradually disappear from most of the institutions. I feel that the amount of restraint used to-day has reached its minimum in some hospitals. I believe it would be a serious mistake on the part of this conference if it should pass any resolution declaring how much restraint may be used, or under what conditions it may be applied. It seems to me that the various resident medical officers of our institutions are sufficiently experienced, suf-

ficiently skillful, and sufficiently humane to determine for themselves what amount of restraint may be necessary and that this question should be left with them to decide. The assistant physicians, especially the newer ones, should be under the direction of those who are more experienced, and their prescriptions or restraint orders should be passed upon by the higher medical officers of the hospital. If we are to reduce the amount of restraint now used—and I include in in that the wet and dry pack—we will need to have more nurses and more room to enable us to give closer individual attention and to admit of more careful classification. With the present condition of crowded wards and too few attendants and nurses, it seems to me we are doing pretty well.

I agree with some of the other speakers that the wet pack is frequently used as a substitute for the protection or restraint sheet; and that it is used largely to avoid the necessity of having to report individuals in restraint. Of the two methods—the use of drugs or of mechanical restraint—I decidedly prefer the mechanical restraint. One knows at least the condition the patient is in, and while you may be restraining his movements, that is the only harm you are doing; and I do not think one can say as much as that when one is frequently administering large doses of drugs.

Dr. HUTCHINGS: Mr. Chairman—I should not like to see this discussion closed until some one has stated quite plainly an opinion which I am sure we all hold but which has not been expressed here to-day as plainly as it should be. That is, that restraint by mechanical appliances or sedative drugs is an evil and is necessary only because we lack certain facilities or are so overcrowded that our facilities can not be used properly. Nevertheless, in doing the best we can with our present facilities and finding the employment of some such means necessary in certain cases, we should not, for that reason permit any note of justification to creep into this discussion. Restraint is nothing more than a makeshift and a poor substitute for personal attention, except in surgical cases. And I believe, furthermore, that the use of restraint including packs is nowhere at a minimum, and I am judging by the figures which I have seen here to-day,

including those for the St. Lawrence State Hospital, and if we are ever to reach the true minimum or see it reduced from the present level, it will only be when we as superintendents and the Commission put as many obstacles in the way of the use of restraint as possible, so that we may feel sure that in no instance it is used as a matter of expediency. Its employment varies as much in the different wards of our institutions as it varies among the institutions. Some assistant physicians caring for very disturbed cases are able to get along without restraint where others find it necessary, and we have seen improvement in this respect follow when the physician was changed, as we have when the nurse was changed. I believe that the restraint now employed although small may be still further reduced at Ogdensburg, as elsewhere.

These remarks may seem superfluous in this company but as the discussion will be printed and may be read by some not familiar with the situation, a wrong impression may be gained.

Dr. Poate has done well to bring up this subject in the practical way that he has and I wish to compliment him upon the paper which he has presented. The conditions existing in the several hospitals vary so much that accurate comparison is impossible but the doctor has given us a paper that is well worth while.

Chairman PILGRIM: I had not intended to say anything further, but I am very glad to hear Dr. Hutchings express himself in this way. He is entirely correct: The whole subject comes down to the question of personal equation and nursing. I am sure that most all of the superintendents present can recall the time when it was regarded as sufficient to have only one or two night-watches in an institution.

These men would go through the institution every hour unlocking doors, looking at every patient, and if they found a patient filthy would take him up and care for him and then leave him in bed again until they made their next round. Only by abolishing restraint and increasing our nursing force, by making our hospitals approximate the standards of general hospitals, have we succeeded in reaching our present high stage of development. As a general rule I think

there is now a night nurse on every ward in every hospital in the State. At the Hudson River State Hospital not a room door is locked at night, and I would be very sorry indeed, as Dr. Hutchings has said, to see any backward step taken through resorting more freely to the use of restraint; for that certainly would be a backward step. I can see that restraint is sometimes justified; for instance, in surgical cases. But speaking generally and looking at the subject as we are looking at it to-day, I believe that physicians, nurses and attendants will find it much better to give patients individual attention than to apply mechanical restraint. I would not favor passing any resolutions in regard to the matter, but as the medical member of the State Hospital Commission, I sincerely hope that restraint will be kept at its minimum.

Dr. MABON: Mr. Chairman—May I say a word here which I had no chance to say before on this subject of restraint?

Restraint should be considered definitely as a medical problem, and when a medical opinion is given that it is necessary it must be after excluding other methods of treatment. I would like to give Dr. Hutchings a chance to come here and take our service with the facilities we have here and see if he can reduce the restraint. We are here—and I do not speak of the Manhattan State Hospital alone, but of all hospitals of the metropolitan district as well—very greatly overcrowded. We have an insufficient number of employees. We have a great many vacancies, and we can't fill them; and even if we could fill them, we have no proper living accommodations for them; no place to house them properly if we had them. Dr. Poate's idea was to call attention to the substitution of drugs for restraint rather than to have resolutions passed to have mechanical restraint lowered or increased. And when I look at this table which has been prepared by Dr. Poate I find, for instance, the number of sedatives ordered at Poughkeepsie as 191, accidents 11, escapes 22; and when I take our own I find 283 as against 221 at Poughkeepsie under treatment; and at Manhattan we have 208 under sedatives against 191 at Poughkeepsie; at Manhattan 45 accidents and 3 escapes; at

Poughkeepsie 11 accidents and 22 escapes; at Manhattan, attendants dismissed, 5; at Poughkeepsie, 2. Our population is 5,300 and that of Hudson River, 3,500.

It seems to me that the chief thing is not alone giving individual attention to patients, as far as possible, but that all patients should be considered in this respect. I am not making a plea for substitution, but I am justifying the amount of restraint that is being used here to-day.

Dr. HUTCHINGS: Mr. Chairman—Let me apologize to Dr. Mabon. I certainly had not intended in my remarks to make reference to any particular institution.

Dr. MABON: But I think your general attitude is wrong.

Chairman PILGRIM: We are not attempting to criticize any institution, but the general discussion of the subject has seemed to me to have been eminently appropriate. I think we should tender Dr. Poate a vote of thanks for his very interesting and able paper. I feel that he has handled the subject with excellent judgment and great skill, and I have not the slightest criticism to make of it.

The next paper will be read by Dr. John T. MacCurdy: "Practical Functions of the Psychiatric Dispensary." (Dr. MacCurdy's paper appears on page 116 of this issue.) At the close of Dr. MacCurdy's paper the Chairman announced that it was open for discussion.

Miss MASSAPUST: Mr. Chairman—I merely wanted to make one remark on the work of the mental hygiene clinic: Its greatest benefits will flow from the education of the public. This clinic should show the course of treatment of a patient; for instance, what treatment is required in the case of a patient suffering from a physical illness, who would ordinarily go along until a mental outbreak occurred. In these cases it will teach the public that if the cases are handled properly, what might become a menace to the general public will be removed. These families, these groups of unstable people living outside of the institution certainly need sustained attention and our best efforts to bring about a proper adjustment.

Mr. HASTINGS: Mr. Chairman—These papers and discussions throw a great deal of light on the operation of psychiatric dispensaries and the importance of social serv-

ice in connection with them. The dispensary at Cornell Clinic with which Dr. MacCurdy and Dr. Wright are connected not only provides medical aid for a large number of patients and helps others toward social readjustment, but serves as a demonstration of dispensary methods and practice. The State Charities Aid Association, through its Mental Hygiene Committee, provides social service aid for the dispensary. I believe it is due in a very large measure to the successful operation of this dispensary that the State finally has undertaken clinic work on an adequate scale.

It is important that Dr. MacCurdy has made this intensive study of methods and cases. His results are exceedingly illuminating and stimulating. Useful as the clinic has been in the past, I believe that its greatest usefulness is still before it. It has a most promising field in continuing to serve as a demonstration clinic to try out methods, develop standards and help secure the adoption of efficient methods and high standards by the clinics in connection with the various State hospitals.

It is interesting and significant to have Dr. MacCurdy lay so much emphasis upon the social service side of clinic work. The fact that in the great majority of his cases where improvement was noted the efforts of the social service worker had something to do with bringing about the result, shows what a fertile field there is for social service in supplementing the work of the physician.

Chairman PILGRIM: I would like to ask Mr. Hastings if there is anything the Hospital Commission can do to further the program of improvement for this dispensary.

Mr. HASTINGS: Can the Commission do anything to secure a larger staff for the clinic? Can it take up with the Cornell University authorities the matter of obtaining better quarters for the clinic? These are the most important things: A larger staff and better quarters.

Chairman PILGRIM: The Hospital Commission will be very glad to talk the matter over, Mr. Hastings, and if there is anything it can do, I think that I can promise that it will be done.

Dr. PHILIP SMITH: Mr. Chairman—I would like to add

a word about this clinic. I was connected with it when it first started on Henry street. The transfer to the present quarters was due to the belief that the new connection would bring about better working facilities; the object was to make it a thoroughly equipped and successful clinic; but I was disappointed to find some years later that the equipment was practically the same as it had been on Henry street; in fact that the new quarters were not so commodious as the room we had had on Henry street; and that the work had been relegated to a part of the building where it was not easily accessible or convenient for the people principally interested. But I want to add that if better quarters can be provided and suggestions made here to day can be carried out, there is very much to be expected from the social service part of the work of that clinic.

Dr. GARVIN: I was greatly interested in the establishment of our out-patient clinic at the Williamsburgh Hospital, Brooklyn. The clinic was inaugurated to give advice and treatment to various forms of incipient cases of mental disease and to be used as a place where our Brooklyn patients on parole can report at certain stated intervals. Prior to the establishment of the clinic, comparatively few of our patients on parole were seen after leaving the hospital. This is by reason of the great distance of the hospital from Brooklyn, where the larger part of our patients come from. Now, the greater percentage of our patients are kept under personal supervision of either our physicians at the clinic or of our social worker at their homes.

Since July 1, 1916, we have had 35 patients excluding hospital cases visit the Williamsburgh clinic for treatment and advice for various forms of mental conditions. Some of these cases were referred to special clinics or the relatives were advised to have the patients committed, but the greater number paid only one visit and were not seen or heard from again. This would corroborate Dr. MacCurdy's experience indicating the necessity of developing a follow-up system in conjunction with additional social service.

We have been fortunate in having the social service worker of the Williamsburgh Hospital voluntarily assist us in the work of looking after our own patients.

Steps are now under way to establish a Mental Hygiene and After-Care Clinic at Mineola to take care of a similar line of work in Nassau and Suffolk Counties. This will add further burdens to our social service department, and it will doubtless be necessary for the hospital to ask for a second social service worker at some time in the future.

We have found the clinic to be not only of value to patients but also to our physicians who attend. It affords them an opportunity to see and treat various forms of mental disorders not met with in State hospital practice. This broadens their experience and also gives them a better insight into social conditions in the homes of patients and elsewhere.

The Chairman announced as the next paper, "Some Conceptions of Epilepsy," by Dr. C. O. Cheney of the Manhattan State Hospital. (Dr. Cheney's paper appears on page 105 of this issue.)

There being no discussion of Dr. Cheney's paper, Chairman Pilgrim announced that reports of committees were next in order and called for the report of the Committee on Legislative Budget. He asked Dr. Mabon to report.

Dr. MABON: I believe Dr. Pilgrim is Chairman of the Budget Committee; I am simply the chairman of a subcommittee and will report at a later time.

The Chairman announced that the Committee on Training Schools would submit a report.

Dr. HOWARD: Mr. Chairman—The Committee on Training Schools finds it necessary to ask for a certificate covering a three years' course. We now submit to the conference such a certificate and move that it be referred to the Committee on Forms with power.

Dr. MABON: I move that the chairman of the Committee on Training Schools be made an advisory member of the Committee on Forms. The motion was seconded and adopted.

Dr. HOWARD: Our committee has a communication from the principals from the training schools throughout the State and thus has received the views of a majority of them and duly refers this communication to the State Hospital Commission as the only possible course for them to take. It

contains requests for a conference once a year and makes two other recommendations relative to dietitians that require money to carry them out. I respectfully refer this communication to the Hospital Commission.

Chairman PILGRIM: As I understand it, there is no action to be taken on this now.

Dr. HOWARD: It is referred to the State Hospital Commission as being the most appropriate disposition of it so far as we can judge.

Chairman PILGRIM: Before bringing the conference to a close, I desire to make one or two announcements. It appears to be a proper time this winter to enlarge the scope of the Retirement Board and to include the medical and other officers in the benefits to be derived from the pension fund. We hope to be able to have a complete departmental pension fund instead of the partial one we now have. I, therefore, will appoint as a committee to further this end the following gentlemen:

Charles S. Pitcher, Kings Park, Chairman; Dr. William Mabon, Manhattan, representing the physicians; Mr. F. W. Kyte, representing the State Hospital Commission. Mr. M. F. Bradley, Manhattan; Mr. R. McHugh, Manhattan; Mr. M. I. Hogan, Kings Park; Mr. E. J. Murray, Central Islip. Messrs. Bradley, McHugh, Hogan and Murray to represent the employees.

I also want to announce that the after-care workers will meet in the nurses' home in the afternoon as soon as luncheon is finished.

Dr. HARRIS: Before adjourning, Mr. Chairman, I move that the conference express its thanks to the management of the hospital for the courtesies extended, and to the readers of the papers, which have been found so interesting and instructive.

The motion was seconded and adopted.

The conference then adjourned to witness a demonstration of the motor fire-fighting apparatus recently acquired by the hospital.

T. E. MCGARR,

Secretary of the Conference.

MINUTES OF CONFERENCE OF STATE HOSPITAL SOCIAL WORKERS

Minutes of conference of State hospital social workers held at Manhattan State Hospital, Ward's Island, New York, December 12, 1916.

Present—

Commissioners MORGAN and HIGGINS.
Dr. WALTER G. RYON, Medical Inspector.
Mr. EVERETT S. ELWOOD, Secretary.
Dr. HORATIO M. POLLOCK, Statistician.
Dr. HERMAN C. EVARTS, Dr. GEORGE H. KIRBY, Dr. PHILIP SMITH, Dr. CLARENCE O. CHENEY, Manhattan State Hospital.
Dr. ISHAM G. HARRIS, Brooklyn State Hospital.
Dr. CLARENCE A. POTTER, Gowanda State Homeopathic Hospital.
Dr. WILLIAM C. GARVIN, Kings Park State Hospital.
Dr. JOHN T. MACCURDY, Dr. WILLIAM W. WRIGHT, Psychiatric Institute.
Dr. S. R. LEAHY, Kings County Hospital.
Dr. THOMAS W. SALMON, Medical Director, National Committee for Mental Hygiene.
Dr. WILLIAM L. RUSSELL, Bloomingdale Hospital.
Mr. GEORGE A. HASTINGS, Committee on Mental Hygiene of the State Charities Aid Association.
Mr. CHARLES S. PITCHER, Steward, Kings Park State Hospital.

Field workers of the State hospitals as follows:

Utica, Mrs. CLARA B. JOHNSON.
Hudson River, Miss NELLIE A. DOUGHTY.
Buffalo, Mrs. ANNA LOUGHLIN.
Binghamton, Miss HILDA P. BRODHEAD.
St. Lawrence, Miss ZAIDEE B. MAXINER.
Rochester, Miss ANNA L. MCPHERSON.
Middletown, Miss MILDRED H. HURLEY.
Gowanda, Miss FLORENCE A. ARMSTRONG.
Kings Park, Miss HELEN E. MARTIN.
Brooklyn, Mrs. FRANCES C. TANNER.
Manhattan, Miss AMELIA J. MASSOPUST.
Central Islip, Miss MARY E. DUNN.

Mr. ELWOOD in the chair.

We are ready to start our informal meeting. We hope that every member of this conference will feel perfectly free to give us the benefit of his or her thoughts as they may come along.

The address of the afternoon will be given by Dr. Thomas W. Salmon, who is, as you know, Medical Director of the National Committee for Mental Hygiene. He was one of the most active of the medical men in starting our first mental hygiene clinic on the lower East Side in 1913.

Dr. Salmon will talk on "Importance of Social Service in Connection with the State Hospitals for the Insane."

THE IMPORTANCE OF SOCIAL SERVICE IN CONNECTION WITH THE STATE HOS- PITALS FOR THE INSANE*

BY DR. THOMAS W. SALMON.

I would like to speak briefly of what social service work in connection with the insane seems to me to typify. To my mind it is the most striking indication of the change of attitude of the hospital for the insane toward the community and the attitude of the community toward the hospital for the insane. How great this change has been can best be appreciated by considering the typical attitude toward the institution for the insane which existed one hundred years ago. Usually in speculating about what existed one hundred years ago, we have to depend chiefly upon our imagination. We have to reconstruct the past out of the few relics which remain in our possession. Unfortunately, in the care of the insane, we do not have to do this. We can still find in the United States to-day institutions which must be like those which existed a century ago. In going about the country as I have opportunity to do, I have come across in the different States not one but half a dozen of institutions which must be very similar, with the exception, possibly, of electric lights and a few material improvements, to hospitals existing one hundred years ago. The most characteristic thing about them is their isolation. Most of them have a stone wall around them; some of them have an iron fence. Wall and fence symbolize the same thing. Both the stone wall and the iron fence represent the isolation which is borne out by the spirit of the institutions themselves. Hospitals form to-day, as they did one hundred years ago, a place of refuge for the insane—a place where the insane are protected from most of the dangers and indignities which they suffered in the world outside, but the modern hospital serves many other useful purposes besides hiding from the public view the painful spectacle of the

* Read at meeting of Field Workers of New York State Hospitals, Ward's Island, December 12, 1916.

sufferings of the insane; the hospitals of the last century were effectively shut off from the world by the attitude of the public toward them but just as effectively by their attitude toward the public. Few visitors were admitted to them. The first contact with an insane person was when he was brought to the institution doors. The manifold relations of mental disease as they existed in the community was unknown. To-day in the modern hospital we see just the reverse; we see the hospital reaching out to the community; very impatient of the community's delay in sending patients, very anxious to modify the lives of patient's, not only in the institutions for a period of a few months but in the community for years or for a lifetime, very anxious even to modify the lives of children in order that some might not be admitted at all who otherwise would make the sad journey which so many thousands have to make.

The first step toward the conversion of the asylum of one hundred years ago into that kind of a hospital for the insane consisted in the struggle for State care. This struggle in some States is not over yet. In this State for over twenty years it has been a fact not a hope, and the younger generation does not know what you mean when you talk about the arguments for or against State care of the insane. It is just as much an accepted fact as State control of any other State-wide activity.

The next step in the transformation of the State hospital for the insane consisted chiefly in improving its own internal affairs. After the State had assumed the full care of the insane and the counties had given over their insane poor to the State, the hospitals directed all their energies toward improving the care given. The last twenty years has been a period of great progress in this direction. Improved medical service; improved methods in the treatment of special groups—such as excited patients, untidy patients, the acutely sick and the tubercular—the use of hydrotherapy in place of restraint; the introduction of trained nurses and of nurses training constituted some of the important steps found. So for the most part the past

twenty years have been given over very extensively toward bringing the internal affairs of the hospitals to a high standard of excellence.

Only a few years ago the State hospitals began to turn their attention to communities, not because all their own problems were settled, but because the movement was pretty well under way to become hospitals in reality as well as by name. The first of these community activities was due to the very apparent fact that the care of patients pending commitment was ineffective. Patients came to the hospital showing signs of neglect and sometimes abuse; so the practice of sending attendants for committed cases came into existence. This was the first real contact between the hospital and the community itself. From that point progress has been rapid. After-care followed the patient out of the hospital as fore-care was provided by an attendant who went into the community getting patients in the first place, and clinics afforded a means by which the success of after-care was greatly increased. Finally we have the present social attitude of the hospital in which it is held that its responsibility for the insane in its community is as great as for those in its wards.

The latest development in the field of mental medicine is that of mental hygiene,—it is curious that it wasn't the first one. Progress in the prevention of general diseases has gone almost hand in hand with provision for care and treatment. But in mental hygiene we had no activities, only some rather vague promises, until this contact was established between the hospital and the community. That, I think, is responsible as much as anything for the present belief that there is practical work to do in mental hygiene.

Dr. Osler said one time, "Measure as we may the progress of the world—intellectually in the growth and spread of education, materially in the application to life of all mechanical appliances, and morally in a higher standard of ethics between nation and nation, and between individuals, there is no one measure which can compare with the decrease of disease and suffering in man, woman and

child.' If this is true, mental hygiene must constitute the very flower of man's activities, because the issues with which mental hygiene deals are more important than even the preservation and the prolongation of human life. This in itself may not always be a desirable thing. We have only to look about us to see instances in which the prolongation of life means only an increased number of days, or months or even years of suffering. But the prolongation of happy, useful mental life is an enterprise about the value of which we need never have any doubt.

In the field of mental hygiene the social workers connected with the State hospitals are the pioneers; they are members of the first expedition to go out in the field of mental hygiene. I think they have an opportunity to do for mental hygiene what the pioneers of sanitation have been doing for general hygiene. Some of their work must seem very prosaic—to go into a town and find out whether A. has kept the job which he got when he left the hospital, to learn how B. has resumed his feud with his neighbors, to find out how the C. child gets on in school. So some of the tasks in general hygiene are prosaic, for instance, seeing that men don't get sick while digging a ditch between two oceans or putting down an insurrection in the Philippines. And yet it is in just these enterprises the pioneers in general hygiene and sanitation learned the lessons which make it safer to live in our own communities to-day.

The social workers of the State hospital working for mental hygiene will succeed or fail. There will be found an opportunity for successful, practical, useful work or there will not. And your success or failure will very largely indicate the success or failure which will come about in man's efforts to safeguard his mental health. And so as you go about your duties, you bear a high trust; not only in the humanitarian work of making life safer and pleasanter and easier for a few hundred individuals, but of showing that this new endeavor of man is a practical thing, a thing to which practical men and women had better turn their attention. Therefore, all I have to say is to congratulate you for having entered this field of work.

As you go about it you have an opportunity not only to give a practical demonstration in mental hygiene but to add to our knowledge of the causes and prevention of mental diseases—knowledge which may help us to prevent some of the disease and misery which fills all this great institution.

Mr. ELWOOD: Dr. Salmon's address was very inspiring. Before we pass to other subjects of the program, I should like to ask if any of those present have any suggestions to make as to the importance of social service. Would Dr. Russell like to say anything?

Dr. RUSSELL: I would like to say a great deal, but I am quite unable to formulate just what I would like to say. I was not expecting to be called upon. As Dr. Salmon talked about things that happened a hundred years ago, I began to feel as though I were a hundred years old. A great many of the things he spoke of as having existed in institutions then, I have seen in institutions for the insane myself; I have seen them gradually eliminated, and helpful features take their place. And last but not least among the better things is this development in social service and out-patient work. I am sure that all of the men who have been engaged in institutional work for the insane, all the men certainly with a forward look, have felt that the real field of psychiatry was not in the institutions. I often think of what Dr. Meyer used to say, that the prevailing view of the work of the institution was to take care of patients who were dumped into them by the community. There were no connecting links, and the influence of the hospital was not apparent in the community. I think we all felt that one of the most desirable things was to get into the social body more, and we felt that psychiatry had something to bring to society which would be of inestimable benefit to it.

I think Dr. Salmon has not stated it too strongly when he speaks of these social workers as being the pioneers and advance guard. You will remember this morning Dr. MacCurdy spoke of the fact that the time had arrived when a psychiatrist could hope to thrive as a private practitioner; that society had become educated to see the value of psychiatry. That surely means a good deal. It should be

very stimulating to you to think that you have behind you this great organization of the State and the great power of the State which you are now beginning to bring to bear upon some of the great pitfalls of society. You may be the little end of a wedge—it may seem to you sometimes, a very little end—but you know the way a wedge operates, and I think you will be able to look back some day with a great deal of satisfaction on what you are doing to-day.

Mr. ELWOOD: It seems quite significant as brought out this morning by Dr. MacCurdy, Dr. Salmon, and Dr. Russell that the entree of the psychiatrists into the community is by way of social service. The social service workers and the work of the dispensaries have really gone ahead and paved the way for the coming of the psychiatrist in the form of the private practitioner. While it is true that psychiatrists are realizing the importance of social service in connection with prevention and after-care of mental cases, it is also true that teachers and the social workers of the various charity organizations are coming to realize the very great value of consultation and co-operation with psychiatrists. It is becoming more and more evident that an expert knowledge of mental diseases and the underlying principles of human behavior is indispensable to the proper solution of many social problems.

Dr. HARRIS: Mr. Chairman, may I say a word especially along the line of teaching the public to lose sight of the words "lunatic" and "insane." We have used them in our vocabulary entirely too long. At one time in this State, and in every other State, the hospitals were called "lunatic asylums." By a law, put on the statute books, the name was changed to hospitals. They are hospitals; and we should call these institutions hospitals for the "care and treatment of mental diseases" and not "for the care and treatment of the insane." It is through social workers that we can disseminate this knowledge more freely, and it would do a wonderful amount of good. There should be a tendency to get away from that stigma which has always been attached to mental diseases, and I think this is another idea social workers should bear in mind. And well might teachers and psychiatrists do likewise.

Mr. ELWOOD: Perhaps some of the workers present have something to say about this superstition and stigma in regard to insanity being broken down. If so, we should be glad to hear from you.

Miss HURLEY: When I am looking for a position for a man, I do not think it is broken down at all. It is very hard to get positions for those discharged from a hospital. Yet if this same man were to apply for a position without telling where he had been, he could secure one easily.

Miss TAFT: I once went to a business firm to look up the record of a man who was being committed to a State hospital in another State. They asked me to look up his history. I talked to the foreman of the shop where he worked. The man described his conduct and did it very accurately; he had been quarrelsome, had contended that people in the shop were conspiring against him. After the long report, I said, the man must have been insane. "Oh, no! He was a perfectly good man, he could not have been insane." It was as though I had accused him of a crime. I could not make him understand that it was not a crime to have mental disease.

Mr. ELWOOD: I think Mr. Munroe of the Board of Managers of Willard has been very successful in placing former patients in State hospitals in various business positions. It probably is due to the fact that he is well known in the small city where he is and can vouch for these men and consequently is able to place them.

It might be an aid to some of our field workers if they could have a committee co-operating with them made up of a few men and women in the various communities who would be able to assist in convincing the public that it should take a more sane attitude toward the insane. This is something we might consider for future action. If there is no further discussion of this subject, we will proceed to the next.

Dr. George H. Kirby, Director of Clinical Psychiatry of the Manhattan State Hospital, "What Can Social Service in the New York State Hospitals Accomplish as an Aid to Medical Diagnosis and Treatment?"

HOW CAN SOCIAL SERVICE IN STATE HOSPITALS BE OF ASSISTANCE IN THE DIAGNOSIS AND TREATMENT OF CASES?

BY DR. GEORGE H. KIRBY,
Director of Clinical Psychiatry, Manhattan State Hospital

The fact that I have been asked to start a discussion on the subject of how social service in our State hospitals can be of assistance in the diagnosis and treatment of cases, indicates, in the first place, that the social worker is expected to get very early in touch with new patients and to share in the responsibility of collecting information which may be of value when questions of diagnosis and treatment of the recently admitted cases are under consideration.

This idea is in harmony with the broader conceptions now prevailing of what the functions of the social worker really are: she is certainly no longer looked upon as simply an after-care agent whose interest in patients and efforts in their behalf will begin only when patients are about ready to leave the hospital. The social worker of to-day has a much larger field to cover and other important duties to perform. Her interest in patients is now recognized to begin, as a matter of course, at the moment of their admission and, in some cases, even earlier if the patient has been seen before in the community or in the out-patient department. Practically every patient admitted is potentially a patient to be discharged, hence the social worker should establish as quickly as possible an acquaintance with the patient and begin to study the special problems offered by each individual case. The important social service issues which require consideration at this early period can not be gone into at present. It is now generally appreciated that there is a great need for social service for many cases who never leave the hospital, and certainly the efforts of the worker in behalf of this class is often of great therapeutic value because of the help it gives patients to adapt themselves to circumstances, and to hospital life with better prospects of benefit than would otherwise be possible.

In fact there seems to be hardly any period of hospital residence during which the social worker can not be of service to the patient, either directly or indirectly, through the physician in charge of the case. Unfortunately, I find that many physicians have not yet learned to utilize to the fullest extent the assistance which the social worker is capable of rendering in the diagnosis and treatment of cases. As a result of conferences such as this one here to-day, and of discussions, reports and other means, we may, however, look forward to increasing co-operation and better team work between the medical and social service departments in all of our hospitals.

What are some of the concrete ways in which the social worker may be of help in matters of diagnosis and treatment?

In the first place the worker should train herself to be an expert in history taking. When relatives or friends do not come to the hospital, or when they have to be hunted up on the outside, the social worker should be prepared, on the occasion of her visit to the home, to take a complete anamnesis and bring back a full report on the character of the environment in which the patient lived and developed the psychosis. Physicians are realizing more and more the great importance of having a good history in every case before an attempt is made to arrive at a final diagnosis. No part of the entire medical record is more essential than the previous history of the case, in fact, without this information, many cases remain entirely unclear and no diagnosis at all can be made.

Social workers should therefore utilize the opportunity of a visit to the patient's family or friends to get a full account of the development of the psychosis, the environmental conditions, the patient's habits, make-up, etc.

The importance of studying home conditions and surroundings is now generally recognized particularly because of the light which such investigations frequently throw on the nature of the mental disorder itself. Many psychoses seem to be largely a reaction against unfavorable conditions, distressing home situations, etc. We see over and over again that certain patients are unable to get along for any length

of time outside of the institution, while as soon as they get in the hospital they settle down, are well behaved and more reasonable in every way. This simple observation shows the necessity of studying carefully outside conditions and, in many instances, the successful outcome of the case will depend chiefly upon our ability to discover and to modify the environmental factors which have contributed to the mental breakdown. We meet frequently with cases in which a personal investigation by the trained social worker throws more light upon the character of the home environment and indirectly upon the development of the psychosis than can be obtained by any number of interviews with relatives and friends at the hospital.

In considering the question of how social service can aid in the treatment of the patients, we must remember that practically all social service activity is a form of treatment and that whether rendered inside the hospital or outside, it always has a therapeutic aspect in one of three directions, namely: it is palliative, curative or preventive in its aims.

In many cases during the early part of the hospital residence, the treatment can be aided, better co-operation obtained, and a more tranquil state of mind secured through the worker's visiting the patient's home, bringing news from the family if they can not visit, or bringing reports regarding the care of property, financial conditions, welfare of the children, etc.

The length of the hospital treatment will often depend directly upon what the social worker is able to do towards changing unfavorable home conditions, smoothing out causes for friction and educating the family regarding the management of the patient on his or return home.

The parole period we should look upon as the time when home treatment is substituted for hospital treatment, and this is the time when the responsibility of the social worker is greatest. The success which the social worker has in keeping the patient at home and bringing about re-establishment in normal community life will depend in the largest measure on the grasp which the worker has of the problem

of the individual case. This should be carefully considered in conjunction with the physician before the patient is paroled. No haphazard method is permissible. I am afraid that physicians have not yet learned the importance of putting their best effort into this phase of their cases. When any case is referred to the worker, the physician should supply without exception a statement of what the social service problems are in this particular case, with suggestions regarding management during parole.

From the point of view of diagnosis and treatment and helpful co-operation between social worker and physician, my plan would be about as follows:

The social worker should receive systematic instruction in the method of taking histories.

The social worker should attend staff conferences and get acquainted with each new case as soon as possible.

As each case is first presented and discussed, the physician should state whether or not the case offers a social service problem at that time and indicate the ways in which the worker can be helpful in the diagnosis and treatment.

Later on, when parole of the case is granted, the physician should be responsible for a final formulation of the social service problem then offered by the case, with special reference to the modifiable factors concerned in the mental breakdown.

Mr. ELWOOD: We should be glad to hear any further discussion of this subject.

Dr. LEAHY: I should like to endorse Dr. Kirby's views, particularly from the view of the psychopathic service. At the present time in Kings County we have no social worker and the need for one is very acute. The fact that we are able to call on the general social worker, has served to emphasize the fact that in the past this phase of the question has been sadly neglected. We meet people here in great numbers about whom we know nothing. They come to have their relatives committed to the State hospital, and it is often a question of which one to believe—the relative who desires the commitment or the patient himself. In one

or two striking instances, we observed that the relative who desired to have the patient committed did so for ulterior purposes. In certain instances we receive statements from the police or ambulance surgeon or neighbors, but the relatives, who desire not to have the patient committed even though he may be dangerous, will lie and distort the facts so that we are in a quandary as to just what to do.

Again, the question often arises as to when the people are capable of caring for the case at home, if it is apparently a mild one, and if the home conditions are better than the hospital conditions for the future of the case. In just such instances the aid of the social worker is certainly invaluable.

We can't get away from the fact that there is still a certain stigma against cases that have been committed to a State hospital. In Brooklyn, it is very striking, even among the judges. They hesitate to commit a patient frequently, even where it is for his best interest and the benefit of the public. They seem to feel that the patient, as has already been stated to-day, has committed some crime; that he is to be sent away for the rest of his life. I think that through the social service worker this phase might be presented to the public at large as well as to the judiciary, and we might all have a better understanding and better working methods.

Mr. ELWOOD: I should like to ask Dr. Leahy if he remembers how many patients come to the psychopathic ward every year and how many are discharged.

Dr. LEAHY: We had about 2,500 last year. This year we shall have a larger number. I couldn't tell now just how many go to their homes but it is more than we used to allow. About 60 per cent of the cases are admitted to the State hospitals, but of course a number of those we receive are not State hospital cases,—I refer to the feeble-minded and chronic alcoholics.

Mr. ELWOOD: I was interested and to some extent shocked in talking with Dr. Gregory a few years ago to learn that the Bellevue Psychopathic Ward sent back to their homes 1,000 cases a year to remain there until they became sufficiently insane to warrant commitment to a State

hospital. They are returned with the expectation on the part of the physician that they would develop further and necessitate hospital care later on—and yet nothing was done in this interim to prevent the development of the mental disease because the social service force of Bellevue was not adequate to handle such large numbers.

Dr. LEAHY: I might say in regard to this that we allow a certain latitude on the part of the relatives. After explaining the situation fully as to what is to be accomplished in the State hospital, we then allow them to take a certain measure of responsibility. In this way we expect to have better co-operation on the part of the general public.

We had a case which came recently from one of the courts. A man was arrested for exposure. He was a graduate of a school of medicine. He sat about the house and showed typical beginning dementia præcox attitude. The relatives, strange to say, had never thought of a mental condition, although his brother was quite a prominent lawyer, and it was not until this very striking phase of the matter was brought forcibly to their attention that they had any realization of it. They were reluctant to have him committed, and I did not feel that he should really be forced into a State hospital. And although I could not dispose of the case directly, I wrote a letter to the judge explaining the matter. He discharged the case. And so even though we allow the cases to go home, we feel after acquainting the family with the circumstances and then giving them a further trial, we have helped a great deal. In the great majority of cases the patients are brought back voluntarily and with a much better attitude toward us and toward the hospital. It seems to me that this is an attitude worth cultivating, and it is going to help the attitude of the general public toward the State hospital. We have a reputation to live down, and I think that our reputation is undoubtedly clearer on account of just that attitude at the present time.

Miss MASSOPUST: I wonder just how much time should be taken by the social worker to gather such data that would help the physician to get a better understanding of his patient's illness, and how much she should devote to the

actual remedying of conditions which were perhaps the precipitating cause of his illness.

It is the aim of the social worker to be of as great assistance as possible to the physician, yet she can not obtain the confidence of the public if she does not do anything toward correcting such conditions as have been factors in breaking down the patient's health.

Dr. KIRBY: I think the responsibility rests upon the physician to state clearly, as each case comes under consideration, what is required to be done. Of course every case admitted does not offer a social service problem or at least any workable problem. As we have large numbers to deal with, we must to a certain extent select our cases and put in our time to the best advantage. I think when a new case is first considered and discussed, the physician should be under obligation to state just what he thinks should be obtained by the social worker which would assist in the understanding of the case. It is not then too early for the social worker to begin on her task of modifying those external factors which we think might have played a role in bringing about the mental breakdown. I don't think one can state except in a very general way the amount of time a patient might require: some cases might be handled easily and quickly, and some might require weeks, months or even years of work.

Dr. POLLOCK: An important matter was suggested to me by a recent talk with Dr. LaMoure, who was employed for several years by the Rochester State Hospital, and who developed the work of instructing dementia præcox cases in that institution. Dr. LaMoure said that even the worst cases of dementia præcox might be helped with proper treatment, and we know a great many such cases are being helped at the present time. Now, if it is true that we can take the worst cases and re-educate them, why can't we discover the incipient cases in the community and prevent the development of dementia præcox? Could the social workers, if they were properly trained, find the persons in the community that are likely to develop dementia præcox and by the proper course of treatment prevent the development of the disease?

Dr. KIRBY: That is a very difficult question and one I don't feel I can answer without considering a number of complex factors. What we ought to aim at is to get in touch with potential dementia præcox cases as early as possible. There seems to be a possibility that we can do this, especially in view of what we are learning in regard to the make-up and characteristics of various types of individuals who later develop psychoses. It seems to me that the problem goes back to the public school and to our methods of education. Preventive measures to be effective in this group of cases must begin at an early period.

Dr. HARRIS: I might add, possibly, Mr. Chairman, that if the social worker finds any cases that are especially peculiar, we have the clinics to fall back upon, where there are trained psychiatrists to help in the matter.

Dr. RYON: Dr. Kirby has covered the ground so thoroughly that I have nothing further to add. In regard to the question put by Dr. Pollock, Dr. Harris has indicated a solution. The social worker will undoubtedly come across members of families who seem peculiar and I think these should be referred to the mental clinic, and of course primary præcox cases should be examined and given proper treatment.

Miss TAFT: I think we ought to mention that there are only 24 hours in each social worker's day.

Dr. RUSSELL: I think we ought to be very careful in stating what we expect. We can not do more than one thing at once. In doing social service work, however, opportunity sometimes comes for getting information which is very valuable for diagnosis and treatment, and it is by being informed and alert to see the conditions concerning which information is desired that the social workers will improve their efficiency. There is one specific thing I would like to mention concerning diagnosis and treatment. At Bloomingdale we sometimes try to have an examination made of the members of the families of paretics, with a view to procuring treatment for cases which may need it. It seems to me that this is a specific way in which valuable work can be done.

Mr. ELWOOD: There is some of that being done in the State hospitals.

Dr. KIRBY: Something has been done but it hasn't been carried very far. It is very desirable.

Dr. MACCURDY: As Miss Taft has said, this work makes great inroads in the time of the social service worker. It seems to me that the social service worker from the State hospital and the psychiatric clinic ought not to be expected to do all the work which the physicians prescribe. I am quite sure, for instance, that down at our Cornell Clinic, if all our instructions were to be followed out, it would be an utter impossibility for one person to do the work. It is necessary to refer our cases to the Charity Organization Society, the Association for Improving the Condition of the Poor and other social agencies. In other words the social service worker ought to be a go-between and co-operate with the various social agencies now in existence.

Mr. ELWOOD: Mr. Hastings will open the discussion on "What Social Resources Can Be Advantageously Utilized by Field Workers in the After-Care of Patients?"

SOCIAL RESOURCES

Mr. HASTINGS: Social service work in connection with general hospitals has become an accepted fact with extraordinary rapidity in the last few years. Such service in connection with hospitals for mental diseases has come about more slowly. In the latter, it was known first only as after-care. Work of this kind in New York State began in February, 1906, when the State Charities Aid Association established after-care work in connection with the Manhattan State Hospital. It was not long, however, before it was plainly evident that there was a much broader field than merely after-care. It was seen that we could never do our full duty by helping convalescent patients after they left the hospital, to see that they did not get into difficulty again, but that there was a much broader and more promising field in trying to make external surroundings such as to avoid a mental breakdown in the first place.

Accordingly, in 1910, the Mental Hygiene Committee of

the State Charities Aid Association was formed as an outgrowth of the after-care activities. The new Committee undertook a State-wide campaign of prevention. One of the most important items on its program was social service with mental cases. Largely out of the demonstration of social service and clinic work done by that committee has grown the system of clinics and field workers of the State hospitals as at present maintained. To-day there are 21 clinics established in connection with the State hospitals, and there are social workers in 12 of the 13 institutions.

Broadly stated, the chief functions of the social workers are to keep people from the personal and social inefficiency due to mental disorder and to help restore them to personal and social efficiency. The work of the social worker divides naturally into two main divisions—prevention and after-care. I mention prevention first because it is sometimes forgotten or omitted. I think it would be unfortunate if, for any reason, the social workers should get too narrow a conception of their functions and future. When the State authorized a State clinic system with social workers, it did not contemplate their being merely after-care workers to help paroled and discharged patients, but field workers who would do something more, *i. e.*, further the preventive work which the hospitals were undertaking through their new clinic system. I feel that the field workers were largely employed because the hospitals have entered the field of prevention in earnest and upon an adequate scale.

The social worker's preventive work, it seems to me, should include first of all her attendance at all the clinics held by the hospital. This gives her an opportunity to get in touch with patients who come to the dispensaries, both those who are still outside of the institutions and are hoping to stay out by securing early treatment, and those who are now outside on parole and hoping to stay out by avoiding the mental pitfalls into which they fell previously.

At the clinic the social worker has an opportunity to see the patients and to establish a friendly understanding with them, so that when she calls at their homes later, her suggestions and services will be better received and more

effective. In her trips about the hospital district she can help in getting patients to attend the clinics by explaining about them.

If I were asked what social resources the social workers could advantageously use in their work, I would reply "All of them"—all the agencies that are working for civic and social betterment in the field of her operations. Ex-President Taft once said that the man who got ten other men to working was greater than the man who tried to do ten men's work. In the same way, the field worker who enlists the co-operation of ten or a dozen different organizations in handling the cases under her direction will accomplish more than if she attempted to constitute herself into ten or a dozen organizations for doing specialized work.

Among the organizations which are common to most communities are charity organization societies, or some form of organized charitable relief agency; the courts, many of which have probation officers; the general hospitals, some of which have social service workers; the schools, most of which have school nurses; the local hospitals; societies for the prevention of cruelty to children; county agents of the State Charities Aid Association in many counties; public health nurses employed by the municipalities or the State Department of Health; and many other organizations and agencies varying according to the locality and the community.

A field worker going into a strange community to do something for a case naturally finds herself handicapped by her ignorance of the community and its people. Her first and most effective step undoubtedly is to get acquainted with the heads of some of the organized agencies and secure their advice and aid. For instance, if her patient needs temporary relief, the local charity organization society ought to be able and willing to help. If her patient needs treatment for some physical ailment, the local general hospital or its dispensaries might help to solve her problem. If the patient needs employment, an explanation of the circumstances made to a prominent business man or manufacturer might pave the way for regular work. If a suit-

able boarding or rooming place is the field agent's chief concern for her patient, there are a variety of organizations and individuals to whom she can appeal to help find them. More ways of utilizing the various resources in every community will occur to the field worker as she goes about her work than will occur to anyone at a distance undertaking to formulate plans of procedure.

One plan of co-operation which has worked well in connection with some of the hospitals is that of having a local committee of public spirited people in the district to whom the field agent may appeal for counsel and aid upon her particular case.

In the program for better mental health, the hospital field workers are another connecting link between the hospital and the community. Your purpose is not to bring people into the hospitals, but to keep them out. You go into the communities, neighborhoods and homes to get information that the busy staff physicians have not time to get. You visit the paroled patients to see that the physician's directions are carried out and that the patient avoids a manner of living that might bring about a recurrence of his illness. You visit the clinics and find out where are the people who need a helping hand. You point out the importance of intelligent attention to their surroundings, employment, recreation and habits in order to avoid mental breakdown. In a word, you are helping the hospitals in a most practical and sensible effort to meet the mentally sick half way.

Some one asked me the other day what were the qualifications for a State hospital social worker. Considering what she has to do in her endeavor to treat the environment while the physician treats the patient, I should think she might need the patience of Job and the tact of a diplomat. She should have initiative, resourcefulness and tireless energy. She should not mind sloppy city pavements and crowded trolley cars or muddy country roads and lonely trips in bleak up-State counties. With all these qualifications, she should also have some knowledge of nursing, of psychology, of hospital administration, and should be familiar with the locality in which she works.

She should also take a post-graduate course in human nature. I do not expect any protest from this gathering when I say that I believe the salary of the field agent should be increased; that woman with the qualifications demanded for such important and highly specialized work can not be secured and permanently retained at such a small salary. An increase is not only justified by the work, but it would inspire the workers to obtain better training before entering the service and to continue their training after entering.

To my mind, it is one of the biggest things that has happened in a long time that the State has actually recognized social service as an integral part of its State hospital system. It has not only recognized it in principle but undertaken it in practice. The eyes of this State and other States are upon you. The eyes of other social workers are on you. They are not expecting too much of you in a new job, with many difficulties, problems and perplexities, but they are expecting you to make good. Largely by your work are they going to judge whether such services as yours are really practical, vital and worthy of being permanently retained in this State and extended to hospitals in other States.

Furthermore, people are going to judge the State hospitals by you. Whenever you go into a community you are to be to its residents the visible embodiment of the State institution. If you are kind, and interested and sympathetic, they are bound to get the impression that a similar atmosphere and influence prevails at the institution from which you come. If you are curt and careless and disinterested in their problems, their adverse judgment will apply not only to you but to the institution which you represent. Kindly, persevering service on your part will do more than almost any one single thing to help overcome the stigma and disgrace which in years gone by has attached to institutions for mental diseases. There are many indications in this generation that this stigma is disappearing and that there is a growing tendency on the part of the people to face mental health problems early and to

obtain treatment in time. The field workers are the most natural and effective allies of this movement.

It is fortunate to have occasions like this when you can compare notes, consult with each other, get the other person's viewpoint and adapt to your own work suggestions which you get here. Institutions differ and hospitals differ. Methods must vary accordingly. The problems of rural hospital districts and urban districts are different. I do not believe that any physicians, layman, or social worker could lay down a hard and fast program and formulate methods which would always work successfully for the field agents in all institutions. The question of methods is one which the agents must, to a considerable extent, work out for themselves, in constant consultation with the superintendents. They should familiarize themselves by reading and other means with the theory and practice of social work.

I believe you are making good. I think you have already, in this short time, gone a long way toward fulfilling the expectation that has been entertained by those who had been urging your employment. I have no doubt but that your services will in time result in preventing a substantial number of mental breakdowns, and in making possible the parole of a considerably larger number of patients. All this is not only accomplishing great humanitarian purposes, but it is a substantial saving of money to the State. I was much pleased the other day to hear the superintendent of one of the large hospitals in the metropolitan district say that his one field agent had already so demonstrated her efficiency that he felt the hospital needed and could profitably employ two agents.

After all, our fight for the prevention of mental diseases is going to be won community by community. Yours is an inspiring job—to help organize communities to protect and preserve their mental life. You are every day on the firing line, out in the field in this promising pioneer work. I think it is not at all improbable that the day is coming when every hospital will have more than one agent. I believe that the standards of work will continually improve

and that eventually the public will realize that you have become indispensable members of the State hospital staffs and provide salaries commensurate with your labor, responsibility and valuable services.

Mr. ELWOOD: We should be glad to have some discussion of this excellent paper.

Dr. HARRIS: The qualifications of social workers have been given so well by our distinguished speaker who let his "sails unfurl on the uncharted seas" that I feel to add to these duties is like adding a straw to the camel's back. Physicians, become trained, in going through wards, to notice the general condition of everyone and take in at sight, so to speak, the general condition of things. Observation is a wonderful thing. Sometimes by slow processes and sometimes by quick, people are able to acquire these qualifications.

One thing seems important to me in the field of social work, and I do not recall that it has been mentioned in qualifications; it is ability to find employment for certain patients who have no home to go to—who have no one interested in them. That, it seems to me, is important. A social worker can find out where such a person can be of service to, and not a burden on, the general public. One other thing that has been broached here is that the social worker can be of assistance in the dissemination of knowledge to families who have someone in the hospital who has been afflicted with some of the immoral diseases, such as syphilis. It requires considerable diplomacy and tact to do this, but it can be done. The physician in the hospital also can communicate with the family physician of these people and thereby work up an interest that will be far-reaching.

Concerning the diplomacy of social workers makes me think of a little story I recently heard. In one of the southern States a little negro girl said to her next door neighbor: "Miss Sally, I notice the doctor's car is over to your place to-day, is anybody sick?" The lady of the house replied: "Son Ephraim has some complaint, the doctor has been over." The little colored girl said: "What kind of disease has he got?" "We don't know exactly, he eats three

square meals a day, dresses himself and goes out on the porch and sits in the sun all day." The little colored girl said: "He ain't got no disease, that am a gift." It is a gift to do all these things and to get the information to these people that they ought to have.

Mr. ELWOOD: Dr. Pollock will open discussion on "What Statistics Should be Kept Concerning the Work Done, and Why?"

Dr. POLLOCK: We live in a statistical age, sometimes called the scientific age, but the two terms are almost synonymous. Without statistics there can be no science and I might also say, very little social work that would be worth while. It therefore goes without saying that we must compile statistics of the work of our out-patient departments.

I have jotted down a few things in answer to the topic question, "What statistics should be kept and why." In statistical work we have to know the "why" before the "what." We have to see the end from the beginning. Of course we can start anew at the commencement of every year or of every complete period, but if we do any statistical work worth while we must know the purpose of the work and what questions must be answered before we make any records at all.

Why do you need statistics in your social work? In the first place you need them for your own guidance. You need certain statistics in order to keep track of what you are doing. You also need them for the information of the hospital and for the information of the Commission. You need to compare one period of your work with another. As statistics grow, they become valuable because we can watch the development of various classes of work and we can compare the work of one social worker with another and the operation of one hospital with that of another. We also need statistics for the information of the public. We are all servants of the public and we realize that more and more every year when we go to the legislature for the annual appropriations. The members of the legislature want to know what we have done, and the best way to tell them is by pointing to the facts in our statistical records.

Now just a word as to what kind of statistics we should keep. Most of you heard Dr. MacCurdy's paper this morning. That to my mind was a good illustration of what kind of statistics should be kept. Dr. MacCurdy was able to tell us what he had done with his 100 cases and the outcome of every case because he had kept statistics. You notice he classified the cases; he kept an account of what the patients did, what he did for them and what other people did for them, and was able to give us a very accurate, definite account of what happened and to draw lessons from his experience.

We have prepared a couple of preliminary blanks which you all have used more or less in your work. (Forms No. 50 and 51.) These are just a starting point in the statistics of the out-patient departments. I don't know whether they will be continued in this form or not. If they do not give us all the necessary information, they will have to be modified at the end of the first year. In order that these blanks be properly filled out, the social worker or the physician in charge of the clinic should keep a card record of every visit. The card should contain items as follows:

1. Place and date of visit.
2. Visitor's name.
3. Number of the visit—whether first, second or third, etc.
First visits should be distinguished from later visits just as we distinguish first admissions from readmissions.
4. Purpose of the visit—whether for advice or treatment for self or advice concerning friends, or to report only.
5. Sources from which the visitor was referred. Thus far we have not received satisfactory information regarding sources from which visitors have been referred to the clinics. It is a matter of great importance to have the co-operation of social agencies and clinics in the neighborhood in which you work. One indication of that is the references of those agencies to the clinic or to you as social workers.
6. Action taken with reference to the case.
7. Date of appointments with the visitor.

Form 51 is a blank for the social worker herself to fill out. It contains the following items:

- Visits to paroled patients.
- Visits to other patients outside the hospital.

Other visits on behalf of patients.
 Visits on behalf of preventive cases.
 Situations obtained for patients.
 Situations obtained for preventive cases.
 Clinics attended.
 Persons interviewed at office.
 Other work.
 Agencies to whom you have referred cases during the month.

If this does not furnish a fair outline of the work you are doing; if it doesn't give you a fair opportunity to report your work, I think you ought to tell us. For, in our statistical reports we want to get as accurate a statement as possible of what you are doing. As I explained, these blanks were prepared in a tentative way and are subject to revision, and I hope the work will develop so that it will be necessary to revise them.

If any of the points in connection with the items are not clear, I shall be glad to explain them. In closing, I want to emphasize the necessity for accurate statistics. A statistical table can be no more accurate than its source. If we are careless in furnishing the original data the statistics will be inaccurate to just that extent. The true record of your experience will be a help and inspiration to others working in the same field. As a group of social workers you will learn from one another and the efficiency of all will be promoted.

Mr. ELWOOD: Perhaps Miss Taft has something to say on this subject.

Miss TAFT: I have nothing definite to say about records except that unless you have worked for some time where you have to use a record system, you have no idea of the value of records. I think one tends to feel that a great deal of time is wasted in just putting down things. When you have so many calls upon you by people waiting to be helped, records seem awfully dry inanimate things hardly worthy of the time they take. I think you will find in the long run that it will pay you to try to get absolutely all the facts regarding the case. You will be surprised to find that you will need them as time goes on. Until you get that

experience, take it from the experience of people who have been caught with inadequate records, it will repay you for the time.

Miss WELLS: I was rather confused when I made up my first sheet of statistics. I would suggest that a line be drawn before the total number of first and return visits. I think the workers should be impressed with the fact that the sources should be given only for the new cases.

Miss HURLEY: I was wondering just how brief the records should be. I do my work so far as possible by districts. For instance under the city of Kingston I keep the names and addresses of patients to be visited there. Then as the building where my office is located is separate from the main building, I have my own records there. The records are also duplicated in the case records kept by the staff. They do not have to come to my office for the latest information, and I do not have to go to theirs.

Miss HELEN E. MARTIN: I am especially interested in the keeping of records of the Williamsburgh Clinic. We are now using cards which have been furnished by the Williamsburgh Hospital Social Worker, and it seems to me that there is much on this card that we make no use of whatever. There is not room enough on these cards to put all the notes we often have. It seems to me it would be a good plan to have a form that could be used by all the State hospital clinics so all the information that comes from these different clinics could be summarized. For the new cases and the parole cases we use an entirely different system; we do not even file them together.

Dr. HARRIS: The hospitals which have clinics expect a record to be in their files of cases coming to the clinics. They wish to have the credit of the cases coming to the clinic. Consequently, if we want to look over the number of cases that have been there during the year, or the cases that have been coming for a number of years, the cards are scattered. It is only by the individual records at the hospital that we can utilize these things to advantage without spending considerable time in going over the records of the various clinics.

Miss MARTIN: New cases coming to the Williamsburgh Hospital clinic are put in the files with the records of the social worker, who is a worker from the Brooklyn Bureau of Charities. As far as our paroled cases are concerned, I make a copy of the report which the doctor gives me and carry that back to the hospital and put it on the back of the card which is the regular parole card and keep that together with the record of every letter that has been written so at the end of the parole I not only have the record of the visits at clinics but of all the correspondence on the case.

Mr. ELWOOD: Manhattan State Hospital adopted parole cards several years ago. Dr. Pollock suggested a uniform clinic card for the whole State hospital system.

Miss MASSOPUST: The necessity of the items on the card should be considered.

Mr. ELWOOD: The workers should be very particular about the kind of records kept. Too much elaboration on the cards would be a waste of time.

Mr. HASTINGS: Dr. Pollock, has any study been made of the reports sent in since July 1, so we know how many patients have been seen and how many clinics held?

Dr. POLLOCK: A brief summary of the clinic work for one month has been made. We hope to make an annual statement for the report of the Commission to show just what has been done by each hospital and by each social worker.

Dr. RUSSELL: I should like to suggest that they be published in the QUARTERLY. I had to use Massachusetts figures recently because I had no New York statistics.

Mr. ELWOOD: One suggestion occurs to me. You undoubtedly will be meeting various problems from time to time. I suggest that all the field workers make the acquaintance of Dr. Ryon, the Commission's medical inspector, who visits the hospitals four times a year. When you wish advice as to how the other hospitals may be meeting different problems, I suggest that you take the matter up with him.

I now ask for brief reports from each worker covering the period since July 1.

REPORTS OF SOCIAL WORKERS JULY 1 TO DECEMBER 1, 1916

BINGHAMTON STATE HOSPITAL

Total number of visits to paroled patients.....	352
Visits to other patients outside of hospital.....	52
Other visits on behalf of patients.....	62
Visits on behalf of preventive cases.....	15
Situations obtained for patients.....	11
Situations obtained for preventive cases.....	2
Persons interviewed at office.....	57

The number of situations obtained for preventive cases appears rather small, but this is due to the fact that up to the present time those requiring preventive measures were cases who had been examined and committed to the Binghamton State Hospital before the social worker was aware of their existence.

Frequently by visiting recently discharged patients who are again beginning to show symptoms of mental breakdown, the field worker is able to ascertain and improve their living conditions, and in a great many cases secure employment for them. Besides the above visits, many telephone calls have been received not only from the city of Binghamton, but from the surrounding country comprising our hospital district, asking advice in regard to persons who are mentally sick. One of these calls was received from the husband of a former patient that had been discharged "much improved," stating that his wife had again become nervous and depressed. He was informed that the case would be referred to the field worker at the hospital who would call upon his wife. When visited the patient appeared nervous, much depressed and emotional, and not inclined to be cordial; she was very seclusive and it was difficult to induce her to say a word; after considerable effort, however, it was ascertained that her home conditions were favorable; that she had had no trouble with the members of her family or others that would warrant the ideas she entertained; she seemed to have ideas of unworthiness

and of having wronged a step-daughter some time before, who had since died; the patient stated that she had lost interest in life and appeared to be unable to throw off her depression unassisted. Her housework appeared neglected and the field worker proceeded to assist in putting the house in order and washing the dishes, during which time the patient continued in a reticent mood, refusing to talk. A few days later she was called on again and the patient at first appeared as depressed as on the former occasion; it being a pleasant day the field worker suggested a walk and after some persuasion she consented, during which she displayed some little interest in the conversation. On the third visit a decided change for the better was noticed; the house was in order and the patient neat in appearance; she was invited to accompany the field worker to the theatre, which she accepted very willingly, appeared to enjoy the show, talked about it on the way home, and invited the field worker to come and see her often. From that date the patient has shown marked improvement; at present in very satisfactory condition and appears to appreciate what has been done for her.

Another difficult problem is the management of alcoholic patients who persist in drinking while on parole.

In concluding this report I would like to mention the case of a young girl—a patient in our hospital, diagnosed as a dementia præcox, who has two brothers, both of whom act queerly; they are shy and seclusive, in fact much like the patient; also a former patient at the hospital whose mother is queer in the home, and a sister is nervous, eccentric and somewhat rambling in her conversation. Preventive measures are plainly indicated in these families, but it is difficult to know just how to proceed in order to accomplish the desired results. I would be glad to have suggestions as to the best methods of procedure in these and similar cases, to prevent mental disorder that is liable to result in commitment to a State hospital.

HILDA P. BRODHEAD,
Social Worker.

BUFFALO STATE HOSPITAL

The report of the social service work done at the Buffalo State Hospital since September 1, is as follows:

Visits made.....	137
Persons interviewed at office.....	28

Two private families have been interested in providing clothing for a destitute family.

Visits have been made in Buffalo, Niagara Falls, Williamsville and Lackawanna. Cases have been referred to the different health centers, to general practitioners and to religious organizations.

I am often called upon to visit and advise the friends of patients regarding their care and management while on parole, and receive inquiries regarding the steps necessary to have a patient committed or recommitted to the hospital.

I investigate the home conditions of patients about to be paroled, find positions for the unemployed paroled and discharged patients, and get the histories of the cases whose friends have neglected to call at the hospital.

One of the difficult problems in Buffalo is getting the co-operation of the public. One case I have in mind—a woman 33 years old, a dementia præcox case—so disturbed the neighbors that the landlord insisted it was a case for the police and accordingly called them in without reporting the case to the hospital, although he understood the woman had been a patient at the hospital. I happened to call at the home and persuaded the police and the landlord not to disturb her, that she was harmless. She improved and is still able to care for her home and family.

Mrs. ANNA LOUGHLIN,
Social Worker.

BROOKLYN STATE HOSPITAL

Visits to paroled patients.....	161
Visits to other patients outside hospital.....	9
Other visits on behalf of patients.....	19
Visits on behalf of preventive cases.....	2
Situations obtained for patients.....	1
Situations obtained for preventive cases.....	0
Clinics attended.....	20
Persons interviewed at office....	53

Other work:

Records of discharged and paroled cases, also of clinic attendance at Williamsburgh, Polhemus and Brooklyn State Hospitals.

Records of all cases investigated, many of which are referred by Bureau of Charities and social agencies and others discovered during visits on paroled cases.

Agencies to whom you have referred cases during month:

Bureau of Charities.

Williamsburgh Dispensary.

During my association with this work several cases of depression have been paroled as improved. Many of these cases are deprived, in their home surroundings, of oxygen and outdoor exercise, due to the fact they retain an acute sensitiveness on account of their past condition and are in constant fear of the opinions of others.

After advocating a change of residence, and with some difficulty teaching these poor unfortunates that their past condition is not a crime, but an illness, I find decided improvement.

FRANCES C. TANNER,
Social Worker.

CENTRAL ISLIP STATE HOSPITAL

The Clinic at Cornell University Medical College on Thursday afternoons and evenings, for patients paroled from Central Islip State Hospital, which was started by the Mental Hygiene Committee of the State Charities Aid Association and conducted jointly by their social worker and the Manhattan and Central Islip After-Care Agent, was taken over entirely by Central Islip State Hospital in July; to make this clinic as effective as possible has been the aim of the social worker.

There are four physicians who attend the clinic, and the plan was to have the patient call once every four weeks; by this arrangement a patient would always see the same physician when reporting once a month for a period of six months, but for various reasons the physicians were not able to keep to the schedule and in most instances a patient saw the four different physicians, which was not at all satisfactory. A number of the patients asked to see a particular

physician and the social worker tried to notify them when to come, but this was not always possible as very often a change was made so late it was impossible to get word to the patients.

It seemed to the social worker that if one physician could attend the clinic it would be very much better, and that when the patient's parole was up, having reported to the same physician six times the doctor would be able to judge the patient's condition at the end of the parole period, and the patient would be saved the necessity of giving the same information to four different doctors. Upon consulting with the superintendent I learned that one physician could not be spared regularly from the service to attend the clinic on Thursdays.

This not being practicable the social worker thought the next best thing to do would be to furnish the doctor with the reports of the previous visits. I tried this and found it helpful, but even with these reports the information at the clinic was so meagre that the doctor was of necessity forced to ask such general questions as, Are you eating and sleeping well? Are you working? Where? How long? Do you have any difficulty in doing your work? Do you hear voices? Why were you sent to Central Islip? etc. Then the question of getting adequate information at the clinic was taken up. A copy of the hospital summary of the case was suggested, but this is too long for use at the clinic. Finally a copy of the staff meeting note to the superintendent when a patient is presented for parole was tried, and seems to meet requirements.

Since the character of the interview has changed from a more or less general one to a personal interview the need for privacy is felt. Better accommodations should be provided at the clinic where at present one large room is used with only a screen as a partition. On July 6, 18 patients reported at the clinic and last Thursday, December 7, 49 patients reported. As most of the patients come accompanied by someone it is very hard to accommodate under existing conditions the 75 to 100 visitors.

M. ELIZABETH DUNN,
Social Worker.

GOWANDA STATE HOSPITAL

My work for the State began October 1, 1916. When away from the hospital I interview about eight persons a day, for the purpose of securing comprehensive family histories, as well as visiting paroled and discharged patients. My chief interest has been in the heredity research work which means—prevention; that is, the study of the manner in which traits are inherited through family histories will in time be instrumental in pointing the way whereby the strains which produce the defective nervous systems that result in insanity may be cut off. The after-care work—placing individuals in an environment which is conducive to his best development or changing the environment to suit his needs—is also a matter of heredity, as one reacts to his surroundings according to the endowments nature has given him.

While in the hospital I see all visitors, make myself acquainted with the patients on the ward; attend staff meetings; make reports and chart the family trees.

Gowanda has five clinics which are conducted in the surrounding towns; the social worker attends each clinic.

FLORENCE A. ARMSTRONG,
Social Worker.

HUDSON RIVER STATE HOSPITAL

As with other up State hospitals, the Hudson River State Hospital has difficulties unlike those of hospitals located in larger centers of population. The district of the hospital I represent extends up and down the Hudson and contains 5,000 square miles, many places being reached with considerable difficulty. To make a complete trip requires much time and money but even so since last July 283 visits were made at the homes of patients. It is desirable that the hospital keep in intimate touch with patients on parole and with such discharged patients as need advice and guidance. Where these patients are close together this can be done readily but with conditions as they are in rural communities the difficulty is, of course, much greater. Occasionally what promises to be a dry and unproductive case brings one in touch with something worth while and emphasizes the necessity of visiting all patients even though

it is accomplished with difficulty. Recently while calling on a case of dementia præcox in the person of a woman 48 years of age who had made a fairly satisfactory adjustment, and was well enough to be home, I found she had an 18 year old daughter who was nervous, worried, fearful of developing psychosis, and to whose nervous self-control a patent medicine was thought to be essential. I persuaded the mother to withdraw the medicine and on my return asked a physician of the hospital to write a letter of advice, as there was no clinic nearer than Poughkeepsie. This was done and on subsequent visits I learned that the daughter continued to refrain from taking this undesirable medicine, had normal self-control, was sleeping satisfactorily, and had returned to work. This is in all probability a case saved, or, at least, a case whose speedy admission to the hospital has been avoided.

Have brought 35 patients to this hospital, in nearly all cases visiting the homes and obtaining complete anamnesis.

Have returned two patients from hospital to homes.

I interviewed 15 patients in hospitals previous to parole.

Taken patient to investigate prospective places of employment. Have tried to secure employment for patients and registered name Dutchess County Employment Bureau.

One of the difficult problems is securing suitable employment for patients. Car strike in Westchester County has interfered with work in that locality.

NELLIE A. DOUGHTY,
Social Worker.

KINGS PARK STATE HOSPITAL

At Kings Park State Hospital the research assistant already there took over the social work in connection with the parole patients. She had been accustomed to making visits to the relatives and friends of new patients in the hospital to furnish the physicians with additional data. She had also investigated home conditions prior to the patients' parole.

With the starting of the parole work she continued to do all these and research work. She has put herself in touch with the various social agencies in Brooklyn, where nearly all the patients on parole live, and in several instances has,

with the help of Mrs. Helen O'Connor, social worker of the Brooklyn Bureau of Charities connected with the Williamsburgh Hospital, secured positions for those needing employment.

In regard to visiting the patients on parole it has been the plan to have her visit each one at least once during his parole, usually during the last month of it. As on July 1 the parole period was shortened from six months to three months the parole work has been doubled since the first of October. Of the entire number on parole during the five months about 50 per cent have come to the clinic at least once and a large number of these came several times.

Taking into consideration the number of patients who have returned to the hospital prior to the last month of their parole, those who have lived near enough to visit the ward physician at the hospital, and those who have moved to other State or to distant parts of New York State and who have reported by letter, less than half have had to be visited by the social worker. However, with an average of 284 patients on parole, this number is entirely too great for her to see many of these more than once. Little has been done for them in most cases beyond noting their condition and at the expiration of the parole they have automatically ceased to be her concern.

She would like to be able to follow up patients who have been discharged and are not recovered. There are at least ten such cases at present which should have supervision but because of the large number of persons on parole from the hospital and the distance between Kings Park and the homes of the patients this has thus far been impossible.

Summary of work:

Visits to paroled patients.....	114
Visits to other patients outside hospital.....	2
Other visits on behalf of patients.....	13
Visits on behalf of preventive cases.....	—
Situations obtained for patients	3
Situations obtained for preventive cases.....	—
Clinics attended.....	18
Persons interviewed at office.....	2

HELEN E. MARTIN,

Social Worker.

MANHATTAN STATE HOSPITAL

Visits to paroled patients.....	104
Visits to other patients outside hospital	13
Other visits on behalf of patients.....	175
Situations obtained for patients.....	6
Staff meetings attended.....	69
Persons interviewed at office	15
Other work:	
Temporary shelter obtained for patients.....	3
Telephone messages sent.....	71
Interviews with patients and their friends relative to their parole.....	185
Letters written.....	28

One of the most difficult problems presenting itself to the social service worker is the supervision of those patients whose mental illness is complicated with alcoholism. To the man whose work demands a great output of muscular energy, such as a longshoreman, or to one who is exposed to all kinds of weather, as a driver, a drink of whiskey, cheap, easily procured, means a new supply of strength and endurance. To others it offers pleasure and helps them to forget troubles and grief. Yet it never occurs to this group of men or women to consider how enormous the loss is and how little the gain. Even the repeated warnings of both the physician and social service worker that "just one drink" may mean a recurrent attack of illness, does not, in a majority of cases, have sufficient weight to leave an impression which will stand out when the moment of temptation presents itself.

Probably the only definite solution of this problem will be the enactment of laws restricting the sale of alcohol.

AMELIA J. MASSOPUST,

Social Service Worker.

MIDDLETOWN STATE HOSPITAL

Made 404 visits to and concerning 92 paroled patients, 30 discharged, and 4 preventive cases.

Obtained 3 positions for paroled patients.

Home and working conditions investigated in 4 cases.

Conditions of parole arranged in 6 cases.

Medical and social histories obtained in 14 cases.

Three complaint cases investigated.

Visited 8 cases referred by physicians and social agencies.

Interviewed 40 relatives at hospital concerning parole patients.

Referred 10 cases to other agencies.

Visited 46 patients on ward 24 preceding parole, 6 at relatives' request, and 16 at patient's own request.

Located a discharged patient (who had disappeared) at family's request.

Homes of two hospital patients visited at their request to straighten out domestic difficulties.

MILDRED HURLEY,

Social Worker.

ROCHESTER STATE HOSPITAL

Attempting to present in numbers philanthropic work, is very inadequate and unsatisfactory. To report that 196 visits have been made, 54 letters written, 216 friends interviewed during the past five months does not give a picture of the work done, whether little or much.

One of the problems that presents difficulties, is how to emphasize the need of the social service work in State hospital districts.

One plan that we have followed that tends to efficiency and economy is to have the nurse when she goes to the small towns, particularly those at a distance from the hospital, take a list of the names of the patients who are on parole or discharged, living in that town, or the name and addresses of friends of patients still in the hospital. Thus inquiries are made about patients in the hospital and the nurse is able to give the desired information and is often able to get additional history for the hospital records, and learns something of the patient's home environment. This brings the hospital in closer touch with the district which it serves.

The reader is frequently asked by friends or neighbors to call upon persons supposedly insane, who are being neglected or who are troublesome for advice as to their care, or for suggestions as to methods of management and nursing. They frequently make inquiries as to steps necessary to have a patient committed to this hospital.

I have on occasions secured visiting nurses from general hospitals to attend patients on parole who have been discharged and who are physically ill.

Applications were so frequently made to the hospital for mental nurses, that four years ago we instituted a directory. At present we have a list of over 20 persons who have had experience in the care of mental cases.

ANNA L. MACPHERSON,
Social Worker.

ST. LAWRENCE STATE HOSPITAL

Visits to paroled patients.....	80
Visits to other patients outside hospital	36
Other visits on behalf of patients.....	75
Visits on behalf of preventive cases.....	10
Situations obtained for patients.....	9
Situations obtained for preventive cases.....	1
Clinics attended	3
Persons interviewed at office.....	240
Cases seen before leaving hospital.....	60
Visits to social service agencies	12
Visits to hospitals.....	9
Individual visits to social service workers.....	8
Individual visits with physicians.....	30
Agencies to whom cases were referred.....	7
Watertown, 6 clinics	146 cases
Malone, 3 "	54 "

I recall a clergyman who came to our clinic. He was of foreign birth and had a small charge in a little hamlet in Canada when the war broke out. He was forced out of this charge because of his nationality. With a wife and nine children, the man found himself in an American city without means of support. He tried to get work of any kind but could not even after the most persevering efforts. The family were in dire need and the man's acute anxiety had a marked effect upon his mental health. He read in a newspaper about the Watertown dispensary and came to see the specialist. He was relieved by a frank talk with the doctor, the social worker undertook to help the family, and the associated charities of the city was appealed to. They in turn enlisted the interest of local families of the man's nationality and the temporary wants of the family were provided for.

The man's new friends eventually found work for him, his mental condition improved rapidly and markedly. I never have seen a more touching or grateful letter than the one he wrote the physician after the cloud of trouble had lifted and he was himself again.

ZAIDEE B. MAXINER,
Social Worker.

UTICA STATE HOSPITAL

For the five months ending December 1, 1916, 180 calls have been made on paroled patients and 14 patients have been returned to the hospital. Five were out of the State and many out of the territory. One preventive call was made with negative result—a manic-depressive case. The calls of paroled patients to the hospital were not recorded. As Utica has no clinic, I try to instruct, in the families of the patients I bring in and wherever possible, as to some of the causes of insanity and mental hygiene. The territory is large, 9 counties, and in the remote districts it is not possible to make a monthly call, nor is it always needed. Besides, I have to be careful of expense.

One difficulty is the fear of the public about hiring a paroled patient. In the *Utica Daily Press*, through the kindness of its editor, Mr. Dunham, who is one of the managers of the hospital, there were two articles on mental hygiene and an appeal was made to the people, explaining the care taken before a patient left the hospital and his supervision during the parole. But the old idea still clings and it is quite evident that education must be more general before it is overcome.

CLARA B. JOHNSON,
Social Worker.

Mr. ELWOOD: I am sorry we have not more time to discuss some of the suggestions offered by the various social workers. We should have these conferences once or possibly twice a year. I suggest also that the agents attend the State Conference of Charities and Correction.

On behalf of the Commission I want to express appreciation of the help of the State Charities Aid Association in

arranging this conference and for the entertainment which is to be given the workers to-morrow.

Mr. HASTINGS: We have been informed that the Commission is willing the agents should remain in town for to-morrow, and on behalf of the State Charities Aid Association, I want to extend to them a cordial invitation to visit our office at 105 East 22d Street to-morrow forenoon. They will have an opportunity to inspect records and to obtain literature, and to visit the Cornell Clinic.

SPECIAL REPORT ON OVERCROWDING

The following report was submitted to the Legislature by the State Hospital Commission on the evening of January 10, 1917:

The State Hospital Commission hereby respectfully reports to your honorable body on the needs for additional accommodations for the insane, in accordance with the mandatory provisions of Sec. 17 of the Insanity Law, which reads in part as follows:

“Sec. 17. Commission to provide for the prospective wants of the insane.—

The Commission shall provide sufficient accommodations for the prospective wants of the poor and indigent insane of the state. To prevent overcrowding in the state hospitals, it shall recommend to the legislature the establishment of other state hospitals, in such parts of the state as in its judgment will best meet the requirements of such insane. It shall also furnish to the legislature in each year, an estimate of the probable number of patients who will become inmates of the respective state hospitals during the year beginning July first next ensuing, and the cost of all the additional buildings and equipments, if any, which will be required to carry out the provisions of this chapter relating to the care, custody and treatment of the poor and indigent insane of the state.”

On January 1, 1917, conditions in the thirteen State hospitals for the insane with respect to certified capacity and patient population were as follows:

Number of patients in civil State hospitals excluding paroles	33,988
Number of patients on parole from civil State hospitals.....	1,625
Total number of patients on books of State hospitals.	35,613
Capacity of civil State hospitals.....	27,890
Number of patients in hospitals in excess of capacity, excluding paroles	6,098
Percentage of overcrowding.....	21.9 per cent

The up-State hospitals are overcrowded from 8 to 25 per cent, while the metropolitan hospitals as a whole are overcrowded 29.1 per cent. The most serious condition obtains at the Manhattan State Hospital on Ward's Island, where the overcrowding is 38.8 per cent. At Central Islip State Hospital the overcrowding is 20.5 per cent, at Kings Park State Hospital, 27.7 per cent, and at the Brooklyn State Hospital, 34.1 per cent. These figures relate to the patients actually in the hospitals on January 1, 1917, and take no account of the 1,625 patients on parole from the several institutions.

The patients cared for in the State hospitals in excess of capacity exceed the inmate population of the State prisons by 1,065 and equal approximately 60 per cent of the inmate population of the charitable institutions.

The situation now with respect to lack of accommodations is more acute than at any previous time since the State assumed the care of the insane. During recent years especially, provision for new accommodations has not kept pace with the increase of patients. Since the Gowanda State Hospital was opened in 1898, no new hospital for the insane has been built in this State, although during that time the insane population of our civil hospitals has increased from 20,845 to 35,613, or 70.8 per cent. Since 1912, in spite of the efforts of the Commission to parole to their homes as many patients as possible, the overcrowding has gradually increased. On the basis of patients actually in the hospitals, the overcrowding increased from 15 per cent in 1912 to 22 per cent on January 1, 1917.

The evil effects of overcrowding are much more serious in hospitals for the insane than in institutions for other classes of dependents. When congestion reaches the height now found in our metropolitan hospitals, it becomes exceedingly difficult for the institutions to perform their normal function of restoring the mental and physical health of their patients. In a hospital for the treatment of mental diseases, sanitary conditions with respect to air space in day rooms and dormitories can not be restricted to the cell space allowed convicts in State prisons, without transforming the hospital into a veritable madhouse. When wards become crowded,

assaults and accidents increase, in spite of the watchfulness of nurses and attendants; the death rate rises and the recovery rate falls. The Commission feels the necessity of directing your serious attention to this matter, because the institutions in its charge which should stand, as they have stood for the past twenty-five years, as havens of hope to afflicted minds, are in danger of becoming merely custodial asylums.

Since admission of the insane to the State hospitals is made mandatory by law, the only way to remedy overcrowding is by providing additional accommodations. The new construction now under way and the appropriations of last year will provide 1,856 additional beds, which should be available by June 30, 1918. During this period the expected increase of patients will be 1,692. The overcrowding will thus be reduced from 6,098 to 5,934. This latter number indicates the accommodations for which appropriations are now needed.

The Legislature of 1915 authorized the undertaking of contracts at a total not to exceed \$1,500,000 for the construction of the Mohansic State Hospital, and appropriated for immediate use the sum of \$300,000.00 dollars. This latter appropriation is still available, and we would request that both the contract authorization and the \$300,000.00 appropriated be transferred for use in developing the Marcy site. This could be done without placing any additional financial burden upon the State. This site, now owned by the State, consists of 933 acres of unexcelled farm land located at Marcy, a suburb of Utica. The site is bounded on one side by a branch of the New York Central Railroad and on the other by the Barge Canal, which makes possible the necessary construction and maintenance at a minimum cost for transportation facilities. If the suggestion of building upon this site is approved, the present buildings at Utica can be used for the care of patients, particularly the feeble and demented, who require but little ground for exercise.

The Commission plans to relieve the metropolitan district by taking away from the Hudson River State Hospital, located at Poughkeepsie, some of its northern counties,

namely, Albany, Washington and Rensselaer, and transferring their patient population of approximately 1,500 to the Utica hospital district. This would release that number of beds for transfer to the Hudson River State Hospital of an equal number of patients from the metropolitan district, and would enable this hospital to continue to receive from 250 to 300 new patients annually from New York City. This plan should prove acceptable to New York City, inasmuch as the transportation facilities are admirable between New York and Poughkeepsie and the fare and time consumed are approximately the same as are required to make the trip to Central Islip, L. I.

The Commission also urges the adoption of the recommendation of the Governor that an additional building to accommodate 600 aged or feeble cases be started immediately at the Middletown State Hospital, thus affording further relief to the overcrowding in the metropolitan institutions. This construction at Middletown can be made in the least possible time, inasmuch as the institution is provided with a new and adequate power plant and laundry equipment.

The Commission respectfully requests your careful consideration to the other items for construction which provide additional accommodations and necessary improvements, as submitted in the requests of the various State hospitals, for appropriations to the Governor's Budget Conference and to the Joint Legislative Budget Committee, which are already before your honorable body in printed form.

The Commission respectfully suggests that the Legislature consider the advisability of adopting a definite program, extending over a period of several years, which will provide for the gradual reduction of the present excessive overcrowding and the provision of adequate accommodations for the annual increment to the insane population of the State.

During the past ten years the average annual increase in the State hospital population has been 937; during the past three years it has been 1,044. The greater increase during the past two years is partly attributable to the necessary fall-

ing off in deportation of the alien insane because of the European war.

Allowing for the normal deportation of the alien insane which will follow the cessation of the European war, and taking into consideration the normal growth in the State's total population, with a tendency to crowd into the cities more and more, and the present overcrowding, it will be necessary to provide for an increase of at least 2,000 beds per year during the next five years. If the cost of construction returns to its normal level at the close of the European war, this necessary annual provision would cost the State approximately \$2,000,000 a year.

Respectfully submitted,

THE STATE HOSPITAL COMMISSION,

CHARLES W. PILGRIM, M. D.,

ANDREW D. MORGAN,

FREDERICK A. HIGGINS,

Commissioners.

BILLS RELATING TO THE STATE HOSPITAL
DEPARTMENT, INTRODUCED IN THE STATE
LEGISLATURE DURING THE MONTH
OF JANUARY, 1917

IN SENATE

No. 20. By Mr. Wagner.—Amending section 40 and repealing section 40-a, Insanity Law, by abolishing the Mohansic State Hospital at Yorktown and providing for the sale of the site. (Same as A. 55.)

Referred to finance committee.

No. 22. By Mr. Sage.—Amending section 12, agricultural law, by authorizing the commissioner of agriculture to make such examination and give such directions as he deems wise relative to food products and agricultural methods at all farms, connected with State hospitals, charitable institution and prisons.

Referred to agricultural committee.

No. 23. By Mr. Sage.—Constituting the state superintendent of prisons, the lay member of the hospital commission, the deputy fiscal supervisor of state charities, the commissioner of agriculture and a representative of the state comptroller designated by the comptroller a state board to devise and install a uniform system of bookkeeping and accounting for all state institutions in connection with which manufacturing or farming industry is conducted; \$5,000 is appropriated.

Referred to finance committee.

No. 217. By Mr. Lockwood.—Amending section 2342, code of civil procedure, by requiring judges to have accounts and inventories filed by committees of incompetents, examined by a referee, and empowering judges to allow or disallow the committee improper or illegal payments or to approve or disapprove improper or illegal investments, and make an order accordingly, and making other changes. (Same as A. 331.)

Referred to codes committee.

No. 272. By Mr. Sage.—Creating a hospital development commission to consist of the state engineer, the presi-

dent of the state hospital commission, the state architect, the chairman of the senate finance committee, the chairman of the assembly ways and means committee, and the clerks of the finance committee of the senate and of the ways and means committee of the assembly.

“Such commission shall

1. Examine each site of hospital development in the state, together with such other sites as the state now owns or which in the future may be developed for hospital purposes;

2. Make a complete investigation of the capacity of the present state hospital buildings;

3. Consider future policy of the state for the care of the insane, and whether advisable to make it part custodial and part hospital;

4. Adopt a general plan of hospital development taking into consideration proximity to centers of population, transportation of supplies, patients and their relatives and friends, healthfulness, water supply and drainage facilities;

5. Devise and adopt a plan to provide for the proper accommodation of the present surplus of patients, the normal increase and a moderate surplusage of accommodations at its completion at the end of ten years;

6. Estimate the probable cost of such plan in detail;

7. Consider each hospital site as an entity and submit a comprehensive plan for its development to a predetermined capacity, showing location, size and character of each building proposed;

8. Recommend to the legislature of each year on the date on which it convenes, an expenditure equal to one-tenth of the cost of the entire hospital plan when completed stating in detail which buildings coming within such appropriation in cost are most immediately necessary for relieving congestion for the proper care of patients and attendants and for the symmetrical and efficient development of the entire plan.”

An appropriation of \$30,000 is provided in the bill for the expenses of the commission.

The bill also authorizes the state hospital commission to enter into contracts for new buildings on the Marcy site, to cost not more than \$1,250,000, and for new buildings at the Middletown State Hospital, to cost not more than \$369,000.

SUMMARY OF APPROPRIATIONS REQUESTED BY
THE STATE HOSPITAL COMMISSION AND
THE STATE HOSPITALS OF THE
LEGISLATURE OF 1917

The following tables give a classified summary of the deficiency appropriations needed by the State hospitals for the current fiscal year 1916-1917; the appropriations needed by the State hospitals for 1917-1918 for personal service, maintenance and operation; the requests of the State hospitals for appropriations for new construction and equipment and repairs for 1917-1918; and the appropriations requested by the State Hospital Commission for administrative purposes.

TABLE 1.—ESTIMATES OF DEFICIENCY APPROPRIATIONS NEEDED
BY THE STATE HOSPITALS FOR THE CURRENT FISCAL YEAR
1916-1917

Hospital	Total	Personal service	Maintenance and operation
Utica.....	\$ 15,266 67	\$ 266 67	\$ 15,000 00
Willard.....	29,426 50	494 00	28,932 50
Hudson River...	25,000 00		25,000 00
Middletown....	34,976 39	976 39	34,000 00
Buffalo.....	54,555 87	124 33	54,431 54
Binghamton....	392 67	392 67	
St. Lawrence....	21,666 34	821 34	20,845 00
Rochester.....	39,904 33	96 33	39,808 00
Gowanda.....	26,867 00	2,274 00	24,593 00
Mohansic.....			
Kings Park.....	37,082 00	582 00	36,500 00
Brooklyn.....	18,281 25	131 25	18,150 00
Manhattan	84,000 00		84,000 00
Central Islip....	97,013 91	15,962 91	81,051 00
Total.....	\$484,432 93	\$ 22,121 89	\$ 462,311 04

TABLE 2.—ESTIMATES OF APPROPRIATIONS NEEDED BY STATE HOSPITALS FOR 1917-1918 FOR PERSONAL SERVICE, MAINTENANCE AND OPERATION

Hospital	Total	Personal service	Maintenance and operation
Utica.....	\$ 392,312 00	\$ 182,210 00	\$ 210,102 00
Willard.....	595,365 00	260,781 00	334,584 00
Hudson River..	812,114 00	331,979 00	480,135 00
Middletown....	510,304 03	233,704 03	276,600 00
Buffalo.....	513,898 65	215,677 33	298,221 32
Binghamton....	641,256 00	266,926 00	374,330 00
St. Lawrence....	517,105 84	220,144 84	296,961 00
Rochester.....	432,069 33	173,082 33	258,987 00
Gowanda.....	311,089 00	131,402 00	179,687 00
Mohansic.....	3,748 00	2,748 00	1,000 00
Kings Park.....	1,069,639 95	432,650 99	636,988 96
Brooklyn.....	373,625 41	158,639 41	214,986 00
Manhattan.....	1,282,020 33	476,399 33	805,621 00
Central Islip ...	1,144,088 20	489,162 20	654,926 00
Total.....	\$8,598,635 74	\$3,575,506 46	\$5,023,129 28

TABLE 3.—SUMMARY OF REQUESTS OF THE STATE HOSPITALS FOR APPROPRIATIONS FOR NEW CONSTRUCTION AND EQUIPMENT, AND REPAIRS FOR 1917-1918

Hospital	Total	Repairs	New construction
Utica.....	\$ 409,125 00	\$ 7,700 00	\$ 401,425 00
Willard.....	298,000 00	29,600 00	268,400 00
Hudson River..	204,805 76	76,559 46	128,246 30
Middletown....	193,550 00	55,750 00	137,800 00
Buffalo.....	111,601 50	4,500 00	107,101 50
Binghamton....	192,800 00		192,800 00
St. Lawrence....	148,925 00	6,000 00	142,925 00
Rochester.....	108,300 00	5,000 00	103,300 00
Gowanda.....	35,000 00	8,500 00	26,500 00
Kings Park.....	404,800 00	56,300 00	348,500 00
Brooklyn.....	1,369,460 00	234,000 00	1,135,460 00
Manhattan.....	592,300 00	50,000 00	542,300 00
Central Islip....	673,075 00	15,000 00	658,075 00
Total.....	\$4,741,742 26	\$548,909 46	\$4,192,832 80

TABLE 4—SUMMARY OF APPROPRIATIONS REQUESTED BY COMMISSION IN 1917

For Use in 1917-1918

For administrative purposes.....	\$ 219,492 00
For State hospitals:	
Personal service.....	\$3,575,506 46
Maintenance and operation.....	5,023,129 28
Repairs	548,909 46
New construction.....	4,192,832 80
Total for State hospitals.....	13,340,378 00
Total for use in 1917-1918.....	\$13,559,870 00

Deficiency Appropriations for Use in 1916-1917

For administrative purposes.....	\$ 10,120 00
For State hospitals:	
Personal service.....	\$ 22,121 89
Maintenance and operation.....	462,311 04
Total for State hospitals.....	484,432 93
Total deficiency appropriations.....	\$ 494,552 93
Grand total of appropriations requested.....	\$14,054,422 93

DR. WILLIAM MABON

The State of New York has lost one of its most valuable and devoted servants, the dependent insane one of their sturdiest champions and the field of psychiatry in the United States one of its most distinguished representatives through the death on February 8 of Dr. William Mabon, superintendent and medical director of the Manhattan State Hospital.

Dr. Mabon began his services on behalf of the insane of New York State at the Utica State Hospital in 1887 when he was appointed by Superintendent Blumer as one of his assistants. The plan of exclusive State care of the insane was then crystallizing and every member of the Utica State Hospital staff became intensely interested in the outcome of the ensuing struggle. In the *American Journal of Insanity*, published at the hospital, Dr. Mabon and his associates were provided with a suitable channel for the dissemination of sound, and, as it proved, convincing arguments for the adoption by the State of this most advanced policy, and in season and out of season, the public was bombarded with graphic representations of the horrors of county asylum care, of the hapless fate of the insane confined in county poor houses and the necessity of immediate centralization of all functions having to do with these dependents.

Dr. Mabon showed special aptitude for hospital work and made rapid progress. After passing through the different grades of the Utica State Hospital staff he was, while acting as first assistant, appointed to the superintendency of the Willard State Hospital in 1895, where the high administrative standards established by him led to his transfer in 1896 to the superintendency of the comparatively new institution at Ogdensburg, the St. Lawrence State Hospital. Here Dr. Mabon's active and original mind

found full play; and the orderly and beautiful development of this fine institution can safely be credited to him. In 1903 Dr. Mabon was offered and accepted the very difficult position of superintendent of Bellevue and Allied Hospitals in the City of New York. Upon assuming this position he set about bringing order out of the chaos then existing in these institutions. This was, indeed, a man's job, and from the date of his appointment until his resignation in 1904 he labored with tremendous energy; indeed without his enormous vitality nothing could have been accomplished.

In 1904 Dr. Mabon was appointed by Governor Odell as President of the State Commission in Lunacy (now the State Hospital Commission.)

The experience acquired by Dr. Mabon in the various positions held by him made his services as State Commissioner in Lunacy of exceptional value to the State. He supported with all his energy and influence the development of the scientific branches of the State hospital service and lent a ready hand to all propositions looking to the maintenance of the highest standards. In 1906 he resigned the position of Commissioner and was appointed as superintendent and medical director of the Manhattan State Hospital, the different branches of which had been consolidated.

During the past 20 years Dr. Mabon's advice as to changes in hospital policies has been sought by many different Governors and by successive finance committees of the Legislature; and it can safely be stated that he was identified with the enactment of more enlightened legislation for the betterment of the insane than any other man in the State. His forceful manner in addressing meetings, scientific and lay, secured close attention, and while his advanced theories were not at all times accepted by his hearers, his sincerity and earnestness served to rally to his support some of the best men in hospital work. His public papers give evidence of wide knowledge of psychiatry in its latest developments, and of the positiveness that characterized all of his work.

Dr. Mabon's personality was most engaging. He was quick in physical and mental action, and his success in life was due to his energy, his optimism, his enduring capacity

for work and the quality he possessed of inspiring enthusiasm among his associates and subordinates. His decisions were quickly made and few required revision.

During the last 10 years, Dr. Mabon has been active, in all fields of labor in connection with the welfare, not only of the insane, but of the feeble-minded and other defectives. He has served as consulting physician of the Medical Board for the Department of Atypical Children, Randall's Island, New York City; consulting alienist to the Hospital for Deformities and Joint Diseases; consulting alienist to the Neurological Institute of New York City; Professor of Mental Diseases New York University and Bellevue Hospital Medical College, New York City; and consulting alienist to the Red Cross Hospital, New York City, from 1908 to 1912.

He was also a member of the following societies: New York County and New York State Medical Societies; Academy of Medicine, New York City; Medical Association of Greater New York; New York Psychiatrial Society; Wards Island Psychiatrial Society; American Medico-Psychological Association; National Committee for Mental Hygiene; New York University and Bellevue Hospital College Medical Society; New York Neurological Society.

Previous to coming to the service of New York State Dr. Mabon, after graduating from the Bellevue Hospital Medical College in 1881, had served as house physician and surgeon at the Jersey City Hospital for one year, and as assistant physician at the Morris Plains (N. J.) State Hospital for the Insane, from October, 1885, to March, 1887.

Dr. Mabon was born in New Brunswick, N. J., in 1860. He is survived by his widow and two daughters.

T. E. M.

DR. CARL VON A. SCHNEIDER

Dr. Carl von A. Schneider, first assistant physician of the Gowanda State Homeopathic Hospital, died of typhoid fever at the hospital on Sunday morning, January 28, 1917.

Dr. Schneider was born in Fredonia, N. Y., August 31, 1879. He was educated at the high school at Canton, Ohio, and at the Cleveland Medical College, being graduated from the latter institution in May, 1904. After serving as interne in the Cleveland City Hospital, and as surgeon in the Huron Road Hospital, he became interne in the Gowanda State Homeopathic Hospital, August 1, 1906. His ability and intense interest in the care of the insane brought him rapid promotion through the successive grades of the medical service up to first assistant physician.

The remarkable success of the institution in the treatment of patients was due in large measure to the work of Doctor Schneider. He emphasized individual study of patients and open-air treatment, and secured noteworthy results therefrom. He also won distinction as a psychiatrist and writer. His death at the time of his greatest usefulness to the State is universally deplored.

NEWS OF THE STATE HOSPITAL SERVICE

GENERAL ITEMS

The appointment of Dr. Charles W. Pilgrim as State Hospital Commissioner was confirmed by the Senate on January 30, 1917.

Mr. John T. Norton, who had been serving provisionally as butter inspector since July 1, 1916, was regularly appointed from the civil service list of eligibles on November 6, 1916.

Dr. Spencer L. Dawes of Albany was appointed deputy medical examiner in the Bureau of Deportation, January 26, 1917. The appointment was from the civil service list recently established.

Governor Whitman gave a hearing on the proposed budget to the State Hospital Commission and the superintendents of the several hospitals on the morning of December 19, 1916.

The third quarterly conference of the year will be held at the Commission's office in Albany on February 27, 1917.

PURCHASING COMMITTEE FOR STATE HOSPITALS

The constant advance from quarter to quarter in the prices of practically all items purchased under joint contract by this Committee, while emphasizing in a special manner the wisdom of purchasing hospital supplies in bulk, has made the work increasingly difficult. For example, dealers receiving awards for periods beyond three months have frequently found, to their dismay, that in cases where they failed to obtain advance options from manufacturers, profits have been eliminated before even half of the supply period had elapsed. In consequence, these dealers have endeavored to substitute promise for performance. In certain other cases, they have asserted their total inability to secure the goods from the manufacturers, but in most cases have, in one way or another, obtained the requisite supplies elsewhere, to obviate the added cost which would have been assessed against them had the hospitals been obliged to purchase in the open market as provided for by the Committee's specifications.

The coal situation has been most severely felt by contractors receiving awards for the year running from July 1, 1916. During the early fall there began an exodus of miners from the bituminous mines of Pennsylvania and West Virginia to the munition plants. The miners who remained forthwith demanded a considerable increase in pay. To aggravate the situation, the freight departments of the

railways became enormously congested with munition supplies, and after a time embargoes were laid on all new shipments. At the close of the quarter there had been a practical default on the part of three coal contractors. Through its close observation of conditions prevailing, however, the Committee was enabled to safeguard the interests of the hospitals and to protect the State against loss.

Contracts were made during the second quarter of the year for gauze, leather, table oilcloth, absorbent cotton and waste, bed spreads, composition metal table flatware, crockery, glassware, suspenders, surgical rubber, flour, fresh and salt meats, fish, and general hospital supplies such as tobacco, laundry starches, tea, cereals of all kinds, syrup, molasses, white lead, flannels, linings and duck and shade cloth.

By reason of insufficient appropriations for the year beginning July 1, 1916, the Committee may have to defer the making of contracts for certain hospital supplies, such as fertilizers and other farm supplies.

The Committee's chemical and testing laboratory connected with the Binghamton Hospital has been of immense value to the Committee in insuring that goods tested by them meet the requirements of the specifications. Other experts have assisted the Committee when called upon and the total cost of all such services has been merely nominal.

NEWS OF THE STATE HOSPITALS FOR THE QUARTER ENDING DECEMBER 31, 1916

NEW HOSPITAL FEATURES: CONSTRUCTION, ADMINISTRATION, OCCUPATION, ETC.

BINGHAMTON

In November a contract was entered into for painting the interior of the new building "Wagner Hall," which, when completed, will accommodate about 300 women patients.

On December 7, bids were received by the State Hospital Commission for a new coal trestle to replace the old one condemned on account of weakness; the lowest bid received was within the appropriation and a contract has been awarded for the construction.

New plumbing has been installed in the toilet sections of wards 7, 11 and 12 to replace the old plumbing which had become dilapidated and unsanitary.

The summer camp for patients known as "Pine Camp" was closed for the season October 28, 1916.

BROOKLYN

The work on the reception hospital is progressing fairly well, considering the weather. The work, however, on the building for the chronic class of patients has been practically at a standstill for the past two months, owing to some difficulty which the contractor has with his labor.

The ash conveyor at the boiler house has been installed. New toilets and lavatories have been placed in the mattress shop and in the stables. New concrete floor has also been placed in the stable. A concrete floor has been placed in the old bread room, which will be used as a serving room. Bread rooms for each side of the house have been re-located, painted, and put in good sanitary condition.

A new lecture hall has been fixed up under ward 3, for the nurses. Also, a diet kitchen has been placed near this lecture room for the benefit of the pupils of the school of nursing.

Wired glass has been placed in a large number of the doors leading from the ward corridors on to the fire escapes, thus giving us more light in places which were formerly quite dark and adding much to the general appearance of the wards.

Recently, during a very severe wind storm, a large part of the roof of the mattress shop was blown off. This has been replaced. All the cornices of the buildings have been repainted. Six of the domes have been renewed.

Dances, teas and card parties have been well attended. On the evening of the 23d of December, a Christmas entertainment was given, consisting of a concert, the distribution of presents by Santa Claus, followed by a dance for employees. Every patient in the hospital received a present, either from friends or relatives, donations, or from the hospital.

BUFFALO

There have been no new features or construction at this hospital during the past quarter. The list of many important additions and needs was presented to the Governor at a recent hearing and apparently received encouraging consideration.

The work of the visiting nurse or welfare worker continues to be an effective aid in administration. During the past quarter, she has made 145 visits. During the past three months, the physicians of the hospital have been consulted by 154 patients in the mental clinic for those outside the institution.

CENTRAL ISLIP

Extensive repairs have been completed on five new boilers at the south colony, which completes all boilers at this colony.

The two new silos have been completed and filled with ensilage.

Two of the new deep wells for which we have an appropriation have been completed.

Considerable painting of the exterior woodwork of both the north and south colonies has been done throughout the quarter.

Weekly dances, with moving-pictures, and Sunday evening concerts for the patients have been held regularly as usual.

On Thanksgiving Day and Christmas Day, the usual vaudeville entertainment was given in the amusement hall for the patients.

GOWANDA

The construction of the pathological laboratory and mortuary is progressing as rapidly as the weather will permit.

The contract has been awarded to the Griscom-Russell Company for an open type feed-water-heater which the hospital is to install at the power house. This will provide means of utilizing much of the exhaust steam.

Contract has been awarded to the Artesian Well & Supply Company to drill a new well to increase the water supply for the institution.

During the week between Christmas and New Years several entertainments were given for the patients. These included extra movies, dances and parties for men and women patients, when cards, indoor quoits, golf and other games were enjoyed.

KINGS PARK

The window guards for the windows and the wire protection guards for the stairways and the hand rails for the new additions to groups 2 and 3 have been received and are nearly installed. The tile and

treads for stairways have all been put in place. It is anticipated that the additions to groups 2 and 3 will be completed by February 15.

Urgent repairs have been made to the women's cottages and an estimate is now before the State Hospital Commission to make further repairs which will consist of rewiring the first floor of the eight women's cottages, erecting steel ceilings and painting the new ceilings and recalcimining the side walls.

The two new wells to increase the water supply have not as yet been completed. As the contractor did not supply material which conformed with the specifications it became necessary to require him to abandon the work until proper material was received.

One hundred sixty-four dollars was donated by different individuals to a fund which was used for the purpose of purchasing Christmas gifts for patients who had no relatives or friends. We also purchased out of this fund 24 Christmas trees for use on the various wards of the hospital. The wards and dining rooms were decorated for the holidays. The hospital purchased 2,000 pounds of candy for distribution among the patients, and the managers donated a barrel.

MIDDLETOWN

The new power plant is now in full operation. The boilers of the old plant have been dismantled. The dynamos moved from the Binghamton State Hospital are in operation, and the dynamos and refrigerating machinery from the old plant are in process of removal.

A new central domestic water heater is installed, which furnishes the entire hot water supply for the laundry and west group.

The appropriation for piggery has been extended and the work done by the hospital mechanics. A concrete and hollow tile building, 36x66 feet, has been built, which in the ultimate development of the plan will serve as the fattening pen and butchering room.

ROCHESTER

The ice house at the Lake Farm which was badly damaged during a spring freshet has been repaired.

The plans for the additions to the chronic men's building for the accommodation of 36 patients have been approved.

ST. LAWRENCE

An addition to the piggery accommodating 200 pigs was constructed, and also in conjunction with this a suitable slaughter house.

Two ovens in the bakery which were no longer satisfactory were replaced by two Peterson Ovens.

UTICA

There has been no new construction at this hospital during the quarter.

Because of the insufficient supply of water furnished by the hospital spring and the extreme hardness of the water, city water has been substituted for boiler service and in the hot water pipes for general

use throughout the buildings. It is expected that this change will be very beneficial as previously there was a rapid accumulation of lime deposits in the mains.

On the evening of December 23, an elaborate Christmas entertainment was given. Several vaudeville acts were provided by companies from one of the city theatres and moving pictures, Christmas tree, etc., completed the entertainment. There were also effective decorations and Christmas trees on the various wards and presents were distributed on Christmas morning. The patients who were not remembered by friends were all provided for through the generosity of the Board of Managers.

The annual reception and dance for the graduating class of the school of nursing was held on October 6 and was a very pleasant affair. Six nurses received diplomas.

WILLARD

A new moving picture machine, which was purchased last summer, has been used to give picture film entertainments once a week.

The lake has recently receded to such an extent below the usual level, that there is not sufficient depth of water in the boathouse to keep the steamboat from touching the bottom, and it has become difficult to get the boat in and out of the boathouse. We communicated with the Department of Public Works, and Mr. Guy Moulton, Division Engineer, inspected the situation on November 22. The lowering of the lake appears to be due to barge canal operations, and Mr. Moulton expressed the opinion that the lowering is permanent and that later on in the season, after the canal is closed, there may be a further lowering of the surface owing to the use of water by mills at Waterloo and Seneca Falls. A new boathouse will have to be built on the west side of the present building and dock, which will be further out and in deeper water. For this purpose an appropriation of \$3,000 has been included in next year's budget.

NOTEWORTHY OCCURRENCES

BINGHAMTON

The State Hospital Commission visited the hospital October 12, 1916, and held the joint conference with the Board of Managers required by the insanity law, for the purpose of considering the various items submitted by the Board for repairs and improvements.

On December 1, a Christmas letter was sent to some friend of nearly every patient in the hospital, requesting remembrance appropriate to the season. This practice has been followed for the past 25 years and the responses during the week preceding Christmas were larger this year than ever before. A special Christmas dinner was served on Christmas day, and the usual Christmas entertainment was held in the assembly hall on the day following Christmas.

BROOKLYN

The State Hospital Commission met at the hospital on October 25, in conference with the Board of Managers.

Mr. Mason C. Hutchins, Clerk of the Finance Committee, and Mr. Leon C. Demars, Clerk of the Ways and Means Committee, visited the hospital November 24, 1916.

One male patient was struck by an associate and the blow caused a fracture of the right ramus of the mandible.

One male attendant was struck by a patient, causing a wound over the eye which required three stitches; another male attendant was struck by a patient and had several teeth knocked out.

On the night of November 9, a female patient committed suicide by hanging.

Four patients escaped, all of whom were men. Three were returned to the hospital in a short time, while the fourth is attending to business in New York.

BUFFALO

On December 3, a woman patient eluded the vigilance of the nurses and committed suicide by hanging.

GOWANDA

The State Hospital Commission and Mr. Elwood, secretary, visited the hospital on October 7, 1916, and conferred with the Board of Managers concerning the needs of the institution.

Mrs. Mary A. L. Bookstaver and Mrs. Paul Dana, representatives of the State Charities Aid Association, visited the hospital November 3, 1916.

Several cases of typhoid fever developed in the institution during December. The State Department of Health considers it quite possible that the infections came from a carrier and efforts are being made to locate possible typhoid carriers.

The hospital now conducts monthly clinics at Buffalo, Jamestown, Salamanca, Dunkirk and Olean.

HUDSON RIVER

On December 1, 1916, the hospital opened a clinic at Peekskill having held a public meeting one week before. The clinic is prepared to see patients on the first Friday of each month at 2 P. M., in the Child Welfare Rooms, Peekskill, N. Y.

KINGS PARK

T. C., identification No. 93215, admitted September 13, 1916, diagnosis alcoholic psychosis, delirious hallucinatory state, who was ready to be paroled to his relatives and had been given a parole of the grounds, eloped October 17, 1916, and nothing was heard from him until October 23, when the chief of police of Summerville, Mass., called up the hospital and stated that the patient had been killed by a railroad train on the Boston and Maine on the evening of October 19.

F. C., identification No. 73809, admitted February 10, 1914, diagnosis allied to manic-depressive insanity, eloped while coming from the dining room to ward 49 in the dusk of the evening of December 12. On the morning of December 14, we were notified by the coroner of Nassau County that the patient had been found lying by one of the cross roads of the County and latter admitted to the Nassau County Hospital at Mineola where he died within a few hours.

S. T. H., identification No. 51265, admitted December 1, 1910, diagnosis involution melancholia, committed suicide on October 22, by hanging herself to a water pipe in the spray bath enclosure on ward 54. The patient had been on the ward two and a half years and had not shown any suicidal tendencies. The case was referred to the coroner who saw no reason to censure the hospital for the act of the patient.

* On November 21, 1916, Mr. George A. Hastings, Miss Florence M. Rhett and Mrs. Albert H. Harris of the Special Committee on Mental Hygiene visited the hospital.

On October 26, Dr. Charles W. Pilgrim, Frederick A. Higgins, members of the State Hospital Commission, and Everett S. Elwood, the secretary, paid their usual fall visit of inspection to the hospital and held a joint meeting with the members of the Board of Managers.

MANHATTAN

A woman patient was struck in the eye with a cup thrown by another patient. The eye was lacerated and hemorrhage took place.

A man patient employed in the kitchen attempted to cut his throat. The wounds were quite superficial and required no stitches.

A man patient committed suicide in the toilet section of ward 35. He suspended himself with a piece of sheet to one of the steam pipes. When discovered he had some pulse but all attempts at artificial respiration failed.

A woman patient broke away from the line and ran to the river, wading beyond her depth. She was rescued by one of the nurses who held her up until two other attendants arrived and aided her.

Thirteen cases of fracture occurred during the quarter.

MIDDLETOWN

In November an out-patient clinic was established in Kingston, N. Y., in co-operation with the Committee on Mental Hygiene of the State Charities Aid Association, and with the assistance of Mrs. Laura McMillan of the Bureau of Social Service of Kingston and Miss Gertrude Bruyn, Ulster county agent for dependent children. The clinic is held on the third Friday of each month, and there has been a gratifying public interest and response.

ROCHESTER

Four patients accidentally received fractures. A woman nurse received a fracture of the clavicle, the result of an assault by a patient.

ST. LAWRENCE

On December 5 and 6, 1916, the annual bazaar for the sale of fancy work and articles made by patients in the occupation classes, was held at the hospital.

December 11, 1916, a portrait of Major W. H. Daniels, former President of the Board of Managers, was presented to the hospital by Mrs. Daniels.

On December 15, 1916, several members of the State Legislature met with the Board of Managers and inspected the institution.

UTICA

On the evening of December 22, night attendant Plopper was attacked by a male patient who had previously shown no homicidal tendencies. The attendant was knocked down and beaten with a leg which the patient had torn from a table. While the attendant received several scalp wounds and was seriously injured, the results would have been graver had it not been for the arrival of an attendant from a neighboring ward.

WILLARD

A serious fire was narrowly averted at the Grange during the forenoon of November 28. That morning the train crew was transferring from Gilbert Station to the various buildings, seven carloads of coal; the engine stopped at the Grange, and in starting up the wheels slipped on the rails, causing the emission of much smoke and some sparks from the chimney. Very soon after this some manure piled on the north side of the shed extending west from the horse barn took fire and spread to the outside of the building in the corner where the shed and barn joined. A general fire alarm was at once sounded, and in a short time the hose company from Sunnycroft had a stream of water playing upon the fire. Two hand chemical extinguishers, which were in the horse barn, were taken up to the hayloft above where the flames were just bursting through, and their prompt use prevented the hay from taking fire. The direction of the wind at the time was from the south, and there can be no doubt that sparks from the engine were blown over the roof on the shed and dropped on the manure, which was composed partly of dry straw.

The roof of Hadley Hall was considerably damaged by a hurricane which occurred on December 7, and required extensive repairs, which have been completed.

INDIVIDUAL ITEMS

BINGHAMTON

In October, Dr. W. S. Farmer of Cookeville, Tenn., visited the hospital as a representative of the Board of Control of the State of Tennessee, for the purpose of studying the business and medical administration of the institution. Dr. Farmer remained at the hospital

eight days; he has since been appointed medical superintendent of the Central Hospital for the Insane, at Nashville, Tenn.

Professor Foley with a class of students from Colgate University, visited the hospital on December 16, 1916.

CENTRAL ISLIP

On October 17, the State Hospital Commission with secretary and the medical inspector arrived at the hospital on a tour of inspection, and remained until noon of the 20th.

On October 18, a Conference of the State Hospital Commission with the superintendents and managers of the State hospitals was held at this hospital, at which every hospital of the State was represented by its superintendent and one or two members of their board of managers.

On October 21, Professor Dr. Shinkichi Imamura of the Psychiatric Institute of Imperial University of Kiota, Japan, visited the hospital and made an inspection of its several departments.

KINGS PARK

Dr. Wm. Austin Macy, who was granted a three months' leave of absence on account of illness, was able to resume his duties as superintendent on December 1.

Dr. A. J. Rosanoff, first assistant physician, who had been engaged in a survey of Nassau County during the fall, returned to hospital duty December 1. Dr. Roy L. Leak who substituted for him mainly during his absence resumed private practice in Syracuse November 1.

Dr. Calvin B. West, senior assistant physician, obtained a leave of absence for three months from October 15, to engage in other work.

Dr. Inez A. Bentley, woman physician, who assisted Dr. Rosanoff in the work of the survey of Nassau County, returned to hospital duty November 13. Dr. Helena B. Pierson, assistant physician, who also had a leave of absence to work on the survey, returned to hospital duty November 1.

Dr. Mary R. Bowman was granted a leave of absence from November 16 to March 2, on account of physical illness. She is being substituted by Dr. Emilie C. Jamieson.

John F. Murphy, supervisor of group 3, while sitting at his desk on December 11, was taken with a right-sided stroke of paralysis. He is not yet able to be on duty.

MANHATTAN

One of our women attendants developed typhoid fever and died October 24, 1916.

On November 11, 1916, at 2.41 A. M., the header main of the west bank boiler in the west boiler house blew off at the flange joint resulting in the death of one of our men employees.

A man attendant slipped on the sidewalk and sustained a fracture of the left wrist.

ROCHESTER

Dr. Thomas A. O'Hare, president of the Board of Managers for the past five years and a member of the board for 25 years died November 21.

Dr. E. H. Howard, superintendent, has been elected president of the Rochester Medical Association.

ST. LAWRENCE

Dr. H. J. Worthing, assistant physician, remains with the Medical Corps, 23d Regiment, National Guard, State of New York, in Texas.

Dr. R. H. Hutchings, superintendent, returned to the hospital November 25, 1916, having completed a survey of the State of Georgia for the National Committee on Mental Hygiene.

UTICA

Dr. H. L. Palmer, superintendent, was married on November 9 to Miss Clara Velma Barber of Washington, D. C.

Dr. George B. Campbell, first assistant physician, returned on November 10 from the Mexican border where he had been serving as a medical officer with the Sixth U. S. Cavalry.

HABEAS CORPUS CASES

BINGHAMTON

A writ of habeas corpus was obtained by patient F. T. S. on two different occasions; one from Justice George F. Lyon of the Supreme Court, returnable October 14, 1916, and one from Hon. Benj. Baker, County Judge and Surrogate of Broome County, returnable December 22, 1916. After both of these hearings the patient was remanded to the custody of the hospital for further treatment.

KINGS PARK

M. W., identification No. 88253, admitted April 12, 1916, diagnosis dementia præcox, was brought before Justice David F. Manning, of the Supreme Court in Brooklyn on November 10, 1916, on a writ of habeas corpus. The case was dismissed and the patient remanded to the hospital.

ST. LAWRENCE

F. W. S., identification No. 52291. On July 21, 1914, the superintendent was served with notice of habeas corpus proceedings. On August 24, 1914, the patient was paroled by order of the court to the custody of his attorney, pending the outcome of the case or the further order of the court. April 7, 1915, order received directing discharge. April 22, 1915, notice of appeal. January 13, 1916, Appellate Division affirmed decision of the lower court. From this decision

there was an appeal taken to the Court of Appeals, and the decision by this court October 24, 1916, reversed the decision of the Appellate Division in special term. On November 2, 1916, an order signed by the Justice of the Supreme Court directed that patient be recommitted to the hospital and remanded to the custody of the superintendent. November 11, 1916, patient returned from parole.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

- Bagley, Dr. Carleton T., of Buffalo, N. Y., appointed medical interne in Binghamton State Hospital, October 15, 1916.
- Benson, Dr. Harold A., assistant physician in Kings Park State Hospital, resigned October 15, 1916, to enter the service of the United States Army.
- Carr, Dr. George P., appointed medical interne in Manhattan State Hospital, November 16, 1916.
- Cooley, Dr. Raymond L., assistant physician, transferred from Kings Park State Hospital to St. Lawrence State Hospital, October 25, 1916.
- Curtis, Dr. Chester, appointed medical interne in Manhattan State Hospital, December 14, 1916.
- Cusack, Dr. Thomas S., medical interne in Brooklyn State Hospital, resigned December 31, 1916, to accept position of junior assistant physician at Kings Park State Hospital.
- Dykman, Dr. Augustus B., assistant physician in the Hudson River State Hospital, resigned December 8, 1916.
- Edmunds, Dr. Meade C., assistant physician in Manhattan State Hospital, resigned October 9, 1916.
- Freundlich, Dr. Thomas, medical interne in Central Islip State Hospital, resigned October 17.
- Helmer, Dr. Ross D., assistant physician, transferred from Hudson River State Hospital to the Utica State Hospital, November 6, 1916.
- Hughes, Dr. John J., medical interne in Manhattan State Hospital, resigned October 21, 1916.
- Kraft, Dr. J. Eugene, of Rochester, appointed medical interne at Kings Park State Hospital, November 29, 1916.
- LaSala, Dr. Joseph, appointed medical interne at Manhattan State Hospital, December 18, 1916.
- Lyon, Dr. Morris A., of New York City, appointed medical interne at Kings Park State Hospital, December 20, 1916.
- Miller, Dr. C. Ross, assistant physician at St. Lawrence State Hospital, granted leave of absence, November 1, 1916.
- Murphy, Dr. William A., assistant physician, transferred to Manhattan State Hospital from Central Islip State Hospital, November 1, 1916.
- Murphy, Dr. William A., medical interne in Central Islip State Hospital, resigned November 2.

- Regan, Dr. Louis J., assistant physician, resigned from the Utica State Hospital, October 13, 1916, to enter Medical School of the United States Army at Washington, D. C., receiving a commission as first lieutenant in the Medical Reserve Corps.
- Rodgers, Dr. Arthur G., medical interne, transferred from the Willard State Hospital to the Hudson River State Hospital, December 1, 1916, promoted to assistant physician on December 31, 1916.
- Shapiro, Dr. Benjamin, medical interne, resigned from the Manhattan State Hospital, October 26, 1916.
- Townsend, Dr. Louise, appointed medical interne at Binghamton State Hospital, November 1, 1916.
- Wagenhals, Dr. Franklin C., medical interne, resigned from the Manhattan State Hospital, November 30, 1916.
- Wescott, Dr. Adeline M., reappointed medical interne at Central Islip State Hospital, October 20, resigned November 8.
- Zeiss, Dr. Robert F., appointed special attendant at Manhattan State Hospital, November 8, 1916, and promoted to medical interne, December 1, 1916.

BIBLIOGRAPHY OF OFFICERS IN STATE HOSPITAL SERVICE

BINGHAMTON

CHARLES G. WAGNER, M. D., superintendent.

Address to the graduating class of the School of Nursing of the
Manhattan State Hospital, New York, October 4, 1916.

"Mental Hygiene." Read before the Academy of Medicine,
Elmira, N. Y., November 15, 1916.

EDWARD GILLESPIE, M. D., senior assistant physician.

"Prevention of Insanity." Paper read at the Sixth District
Branch Meeting of the Medical Society of the State of New
York, held at Cortland, N. Y., October 3, 1916.

BUFFALO

ARTHUR W. HURD, M. D., superintendent.

"Mental Hygiene." Address before Combined Men's Clubs of
Delaware Avenue and Asbury Methodist Churches,
November 27, 1916.

HELENE KUHLMANN, M. D., woman physician.

"Mental Hygiene and Character Training." Address before
Mothers' Club of Silver Creek, N. Y., November 10, 1916.

Address on "Mental Hygiene," before Mothers' Club of School
No. 31, Buffalo, N. Y., November 23, 1916.

"Causes and Prevention of Mental Diseases." Address delivered
before a joint meeting of the Business Women's Clubs of
five of the city churches, December 12, 1916.

"Child Training from the Stand-point of the Physician."
Address delivered at the Jewish Community House, Decem-
ber 21, 1916.

BROOKLYN

ISHAM G. HARRIS, M. D., superintendent.

"How the Insane Live." Public lecture, with stereopticon
views, at Peekskill, N. Y., on the evening of November 21,
1916.

GOWANDA

A. E. PERKINS, M. D., woman physician.

"Nursing of Manic-Depressive Insanity."

"Nursing of Dementia Præcox."

"Nursing of Special Forms of Insanity."

All published in "The Nurse."

KINGS PARK

AARON J. ROSANOFF, M. D., first assistant physician.

"The Prevention of Mental Disorders." Paper read at the Ohio State University, Columbus, on October 25, 1916.

"Registration of Mental Disorders." Paper read before the American Public Health Association, Section on Vital Statistics, at Cincinnati, Ohio, on October 26, 1916. Published in American Journal of Public Health, December, 1916.

Manual of Psychiatry, in collaboration with Dr. DeFursac. Fourth American edition, published in October, 1916.

CHARLES S. PITCHER, steward.

Report of the Committee on Dietary and Food Supplies of the New York State Hospitals, in collaboration with other members of the Committee. Published in the STATE HOSPITAL QUARTERLY for November, 1916.

MANHATTAN

WILLIAM MABON, M. D., superintendent.

"How the Empire State Cares for Its Insane." Paper read at the Young Men's Christian Association, New York City, November 8, 1916.

ERNEST M. POATE, M. D., senior assistant physician.

"The Management of Disturbed and Excited Patients." Paper read before superintendents' meeting, December 12, 1916. Published in STATE HOSPITAL QUARTERLY, February, 1917.

WILLIAM W. WRIGHT, M. D., senior assistant in clinical psychiatry.

Discussion of Dr. MacCurdy's paper "The Practical Functions of the Psychiatric Clinic," read at the conference of the State hospital superintendents with the State Hospital Commission, December 12, 1916.

ROCHESTER

EUGENE H. HOWARD, M. D., superintendent.

"Alcohol as a Cause of Mental Shipwreck." Address delivered before the Rochester Young Men's Christian Association in mental hygiene cause.

ST. LAWRENCE

R. H. HUTCHINGS, M. D., superintendent.

"Mental Hygiene." An address delivered at the Social Welfare Congress, Macon, Ga., October 28, 1916.

"The Needs of the Feeble-minded Children in Georgia" before the State Federation of Women's Clubs, Macon, Ga., October 26, 1916.

"The Place of the Universities in the Mental Hygiene Movement," before the Students of the University of Georgia, November 20, 1916.

P. G. TADDIKEN, M. D., first assistant physician.

"The Mental Clinic," before the Medical Society, Malone, N. Y., December 12, 1916.

HUGH S. GREGORY, M. D., assistant physician.

"Physiological Characteristics of Normal Spinal Fluid," also some pathological conditions with microscopical demonstrations, read before the Ogdensburg Medical Society, October 3, 1916.

RAYMOND L. COOLEY, M. D., assistant physician.

"First Aid to the Injured." Address delivered before Company D, First Regiment, Ogdensburg, N. Y., December 15, 1916.

STATE HOSPITAL COMMISSION

CHARLES W. PILGRIM, M. D., chairman.

"The State's Efforts to Meet the Mentally Sick Halfway." Public address at Peekskill, N. Y., December 1, 1916.

"The New York State Hospital System," illustrated lecture at Morris High School, January 11, 1917.

EVERETT S. ELWOOD, secretary.

"Steering the Human Machine." Address before the Dormitory Club of the Rochester Y. M. C. A., December 3, 1916.

"Fortifying Against Mental Disorders." Address before Rochester Y. M. C. A., December 3, 1916.

HORATIO M. POLLOCK, Ph. D., statistician.

"Recent Statistics of the Insane in the New York State Hospitals." Paper read at Quarterly Conference at Central Islip State Hospital, October 18, 1916; published in *STATE HOSPITAL QUARTERLY*, November, 1916.

"What Statistics Should be Kept by Social Workers." Discussion at Social Workers Conference at Manhattan State Hospital, December 12, 1916.

"The New York State Classification of Mental Diseases." Paper presented at section meeting of American Statistical Association in New York City, December 14, 1916. To be published in *Quarterly Proceedings of American Statistical Association*.

GENERAL STATISTICAL INFORMATION RELATING TO
THE INSANE AND THE MANAGEMENT OF THE
STATE HOSPITALS

CENSUS OF JANUARY 1, 1917

1. Patient population:

State hospitals, including paroles.....	35,607
State hospitals, excluding paroles.....	33,972
Institutions for criminal insane.....	1,430
Private licensed institutions.....	971

Total, including paroles..... 38,008

Average daily population of State hospitals since July 1, 1916..... 35,450

Average daily number on parole since July 1, 1916..... 1,496

Patients on parole at end of quarter... 1,635

2. Capacity and overcrowding:

Capacity of civil State hospitals..... 27,890

Overcrowding, excluding paroles:

Number..... 6,082

Per cent..... 21.8

3. Medical service in civil State hospitals:

Superintendents..... 12

Assistant superintendent..... 1

First assistant physicians..... 15

Senior assistant physicians..... 52

Assistant physicians..... 59

Women physicians..... 18

Medical internes..... 23

Total..... 180

Ratio of physicians to patients:

Including superintendents and internes..... 1 to 198

Excluding superintendents..... 1 to 212

Excluding superintendents and internes..... 1 to 246

4. Employees:

Average number of employees in civil State

hospitals, January 1, 1917..... 6,115

Ratio of employees to patients..... 1 to 5.82

SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING DECEMBER 31, 1916

	Total	Octo- ber	Novem- ber	Decem- ber
Aliens deported to other countries:				
U. S. Immigration service	7	3	2	2
Expense of State.....	12	5	3	4
Expense of friends.....				
Total.....	19	8	5	6
Non-residents returned to other States:				
Expense of State.....	5	1	4	..
Expense of friends.....	36	14	5	17
Total.....	41	15	9	17
Total aliens deported and non-residents re- turned	60	23	14	23

MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE THREE MONTHS ENDING DECEMBER 31, 1916, AS REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING ON DECEMBER 31, 1916

HOSPITAL	ADMISSIONS				DISCHARGES							OVER-CROWDING				
	First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census December 31, 1916	Certified Capacity	Number	Per cent
Binghamton.....	47	20	9	76	13	8	17	10	2	50	4	93	2,448	2,110	279	13.2
Brooklyn.....	121	18	5	145	37	11	11	10	4	71	4	115	809	637	216	33.9
Buffalo.....	90	25	1	115	18	11	8	2	1	66	2	108	2,952	1,704	435	25.5
Central Islip.....	260	77	21	358	69	36	31	2	2	155	19	319	5,205	4,017	815	20.3
Gowanda.....	1,282	40	5	51	7	3	17	6	1	14	1	42	1,384	998	215	24.5
Hudson River.....	108	29	13	142	20	24	15	6	2	72	6	112	3,472	2,860	536	19.1
Kings Park.....	165	58	13	236	131	95	53	21	88	88	36	386	4,505	3,397	910	27.7
Manhattan.....	387	100	24	511	61	39	29	19	1	214	36	389	5,305	3,629	1,434	38.8
Middletown.....	35	15	6	56	12	1	9	5	1	39	6	60	2,215	1,985	149	7.5
Rochester.....	76	33	9	111	11	10	22	5	4	56	2	104	1,520	1,298	308	23.7
St. Lawrence.....	59	17	2	76	21	13	11	4	3	47	2	102	2,920	1,848	297	14.5
Utica.....	80	27	2	109	26	8	12	1	2	65	2	116	1,696	1,382	196	14.2
Willard.....	45	11	2	58	18	10	14	5	..	82	2	131	2,368	2,015	292	13.0
Total.....	1,513	441	86	2,040	443	253	249	87	25	1,022	84	2,103	35,607	27,890	6,082	21.8
	35,730															

GENERAL STATEMENT OF THE STATE HOSPITALS, NINE MONTHS ENDING JUNE 30, 1916

STATE HOSPITAL	Date of opening	Area of grounds (acres)	Area under cultivation (acres)	*Value of real estate	Value of personal property	VALUE OF PRODUCTS	
						Farm and garden	Manufactured by patients
Binghamton.....	1881	1,363	800	\$2,863,000 00	\$300,000 00	\$37,759 05	\$20,000 00
Brooklyn.....	1895	210	96	865,000 00	85,000 00	4,537 52	2,385 00
Buffalo.....	1880	183	65	3,057,100 00	120,000 00	6,273 47	9,143 56
Central Islip.....	1896	994	260	3,133,028 45	260,969 99	16,986 86	30,650 20
Gowanda.....	1898	650	380	853,342 28	247,721 15	20,176 00	12,195 70
Hudson River.....	1871	894	485	3,195,869 00	441,490 90	27,301 86	27,466 08
Kings Park.....	1896	835	142	4,625,888 25	442,124 64	14,577 22	34,044 17
Manhattan.....	1896	245	64	4,785,000 00	362,000 00	15,606 93	55,800 27
Middletown.....	1874	543	239	1,890,895 00	145,000 00	4,771 88	3,800 85
Mohansic.....	1910	602	300	262,950 00	19,548 00	1,651 12	.....
Rochester.....	1891	269	197	998,069 47	69,030 00	13,983 54	13,298 66
St. Lawrence.....	1890	1,219	930	3,006,750 00	179,200 00	65,920 70	33,941 92
Utica.....	1843	1,402	955	1,790,300 00	200,000 00	16,000 00	10,000 00
Willard.....	1869	1,217	822	2,142,894 21	225,800 00	48,122 44	19,805 44
Total.....		10,626	5,735	\$33,470,086 66	\$3,097,884 68	\$293,668 59	\$272,531 85

* As estimated by superintendents.

THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

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WHAT THE STATE IS DOING FOR THE INSANE*

BY MAURICE C. ASHLEY, M. D.,
Superintendent, Middletown State Homeopathic Hospital.

Public thought is so crowded with momentous events at this time that one needs a stout wedge and a heavy sledge if he would succeed in forcing an opening and focusing attention to still another matter of great public importance. Mental hygiene is as essential as any other form of hygiene. Every man, woman and child should know how to live mentally, morally and physically so as to conserve his natural powers of resistance to mental disease, to overcome handicaps which inheritance, environment, or habits may have placed upon him, and to avoid doing those things which are likely to reduce his powers of resistance. It is the aim of the present State and nation-wide movement to attempt to disseminate such facts and information as will be likely to stimulate active, intelligent, and helpful interest in the subject, with the object of making for a healthier, stronger, sounder and saner people. To this end, public lectures are being given and public clinics are being held throughout this and many other States. The subject is being attacked in many ways and from various angles. * * *

We may profitably consider a few of the more common causes of mental disease.

First. It is generally conceded that alcohol in excess, in its various forms as a beverage, does more to create the need of additional accommodations for the insane than any other one thing. Do not understand me to say that our State hospitals are filled with alcoholics as such, for this is not the case. The drug works in devious and insidious ways.

The improper and excessive use of other drugs is a potent factor. Other vices and virtues carried to excess, predispose to and cause various psychoses. Excessive work, too frequent childbearing, syphilis, and other forms of disease, traumatism, senility, unrestrained religious devotion, insuf-

* Extracts from a paper read at a public meeting in Kingston, New York, February 9, 1917

ficient food, insufficient play, and insufficient relaxation may all serve as predisposing causes of insanity, as may also faulty thinking. We see, then, that excessive or unrestrained virtues, as well as vices, are dangerous. It is safer to keep in the middle of the road. It is wiser if one does not strive to become more successful in business, law, literature, etc., than the average individual, unless he is certain that his capacity and his resistance are sufficient to enable him to carry an unusually heavy mental load, just as it is wiser to realize that it is dangerous to try to see how devilish one can be as both are liable to lead, sooner or later, to an institution for the insane. Judgment, rather than ambition, should be the controlling factor.

The alleged causes of insanity are manifold, the real, or exciting, causes are few. Probably in the vast majority of cases of mental failure there exists as a predisposing cause a constitutional defect, an inherent weakness. The embers of a fire which burned in an ancestor one or more generations back and which have lain dormant, covered with the ashes of the past, need but the winds of excess in some form of work, indulgence, or stress and strain of study, competition, financial loss, or emotional shock, to blow away the ashes and cause the glowing coals of a mental disease to burst into flame. If one would but learn early in life what is a safe load to attempt to carry. In other words, if one could measure, or have some one measure for him, his mental capacity, or point out just where the danger zone lies, and he would govern himself accordingly, and therein remain content, there would, in all probability, be many less mental shipwrecks along the coast of ambition. I have always had a great respect for the camel. When he is loaded too heavily, he will refuse to budge, and will lie down until the burden is reduced to his strength to carry it. Oh, that men were as wise or possessed that instinct! * * *

CARE OF PATIENTS IN STATE HOSPITALS

Any person needing care and treatment for mental disease may be received at a State hospital on a certificate made by two physicians who are examiners in lunacy and whose

certificate is approved by a judge of a court of record. Forms for this purpose are prescribed and furnished by the State Hospital Commission, and may be obtained from the Commission or from any of the hospitals.

In extraordinary emergencies, patients are received at a State hospital on the application of health officers on a form prescribed by the State Hospital Commission; but an order of commitment, or voluntary application, must be obtained within ten days of the date of admission.

Patients may also be admitted in an emergency for ten days upon the regular form of petition and certificate of two examining physicians, a copy of which should be at once sent to a judge of a court of record for his approval, and must thereafter be received at the hospital within ten days from the date of the admission of the patient.

Any person suitable for care and treatment who voluntarily makes written application therefor, and whose mental condition is such as to render him competent to make such application, may be admitted to a State hospital, but can not be detained under such agreement more than ten days after having given notice in writing of his desire to leave the institution.

Private patients are admitted to the hospital upon the consent of the superintendent. The rates for private patients are from \$6.00 a week upward. A surety company's bond, guaranteeing payments, must be provided.

When the papers for the commitment of a patient are completed they are sent to the hospital, which dispatches a trained attendant or nurse to accompany the patient to the hospital. A woman must always accompany a woman patient.

When a patient reaches the hospital he is received by a physician and carefully examined to ascertain his immediate needs. He is usually placed in bed under the immediate care of trained nurses and there cared for until he has been thoroughly examined, or so long as his condition may demand. He is examined within the first five days after his admission by the superintendent. His case history is carefully and fully written up and presented by the physi-

cian at a staff meeting, when the question of diagnosis, prognosis and treatment is considered and determined. He is visited twice daily by a physician. If able, an effort is made to induce him to engage in some useful and suitable occupation. Various forms of diversion, recreation, and amusement are furnished. He may write to and receive letters from friends and relatives, and also correspond without restriction with the county judge and district attorney of the county from which he was committed.

The State has wisely endeavored to place every legal safeguard about the insane. There are just two reasons to justify the depriving an individual alleged to be insane of his liberty. The first, because you may render him a service which he otherwise could not obtain; and the second, because society would be endangered by permitting him to remain at large. The two reasons are these then—to protect the individual and to protect society. The State strives to furnish skillful and humane care to each one of the 36,000 men and women in its hospitals. It does not tolerate politics in any department. Graft is unknown.

All patients who are in condition to leave the institution and who have relatives or friends who are able and willing to receive them into their homes and care for them are paroled; and if their condition warrants, they are discharged at the expiration of the parole period.

SOCIAL SERVICE CONDUCTED BY THE STATE HOSPITALS

A social worker renders every possible assistance to former patients; she visits them at their homes and assists them in securing suitable environment and employment. Whenever she sees conditions in the home, at business, or in recreation tending to endanger the patient's mental health, she works in unison with the family to alter this state of affairs. In addition to the oversight of the patient's mental and physical health, the social worker obtains further information concerning the history of the case to assist in a medical diagnosis, and cooperates with other social agencies.

Out-patient departments are maintained in two cities of our hospital district—one in Middletown on each Tuesday afternoon, and the other in Kingston on the afternoon of the third Friday of each month. Similar clinics are being held in various cities of the State by the medical officers of the other State hospitals. They are free to all who may wish to make use of them. Physicians, parents and others are urged to send to the clinics any one who they may believe is in need of the advice and treatment we can offer. There are many persons in the State who are laboring under doubts, fears and anxieties, or who are unable to adjust themselves to their environment, or feel that they are misfits in society, or who for some other reason think they are no longer normal and that they are breaking down mentally. Such persons may properly come to the clinic and obtain help for the asking. It is said that confession is good for the soul, and I assert that confession is good for the mind, and that one should seek relief from mental colic as well as from any other kind. Often an individual is met early enough to prevent an actual breakdown, is saved from a sojourn in an institution, and is able to readjust himself to conditions and to continue a useful member of society.

Men and women possessing to an unusual degree a keen sense of duty and devotion to their work are giving the bloom of their lives to the care of the most afflicted of God's people. Enormous strides have been made in the care and treatment of the insane since it has been the speaker's lot to have been an observer. Many of you recall when the almshouses were filled with men and women who did not and could not under the circumstances receive the care and treatment their deplorable conditions demanded. About 28 years ago the State assumed the care and custody of the insane and they were all removed to the State hospitals. The strait-jacket, muff, wristlets, anklets and Utica crib have all been discarded, and trained nurses are found gently, humanely and skillfully ministering to the patients' needs. Bunks have been replaced by beds of pure white; comfortable hair or cotton mattresses and woven-wire springs are

found on each bed. Room doors are no longer locked at night. The outside doors of many wards are no longer locked during the day, and wholesome food is prepared by a skilled chef and served in an attractive manner. Potted plants and cut flowers are seen about the wards. Pictures adorn the walls, carpets and rugs are found on many of the floors. Wood fires in open grates send cheer and warmth through some of the halls. An extensive library for the use of patients and employees is maintained. Religious services are held for all who are able and who wish to attend each Sabbath day, and occasionally on other days of the week. Motion pictures and dances weekly and other entertainments are furnished. Each able-bodied patient is out daily for exercise. A physical instructor is employed whose duty it is to endeavor to awaken and stimulate to activity inert, deteriorated patients and those who are seclusive and physically enfeebled, and to try so to train and develop them that they may not only become more healthy and enjoy life to some extent but, that they may also become useful even though in a very small degree. The walls are painted in pleasing combination of colors. The lawns are closely cut and trimmed, and each season thousands of foliage and blooming plants are put out and cared for; largely by the patients. Order and system is maintained. The highest degree of efficiency, skill and economy is striven for.

So, my friends, should misfortune ever overtake you or your friends and you are compelled to surrender them to the custody and care of the State, for your own comfort please know that the State, through its agents, is ever jealously and zealously guarding its good name, and that you or the one dear to you will have, not only all the tender care and skill that may be bestowed at home, but much more.

I have tried to point out to you some of the things that the State is doing for those of her citizens who have become mental invalids to such a degree as to require her aid. We have told you of the millions of dollars annually spent in their behalf and of the army of nurses and others required

for their care. Each year the Legislature is besieged for funds for their maintenance and for additional accommodations. The demands increase and become more urgent, and the end never appears in sight. It is our duty to care for our fellow men who are in need as comfortably, humanely and scientifically as possible, but at the same time it is our duty—indeed, it is even a greater duty, to point out the dangers which may beset our fellows. The State is, and for some time has been, keenly alive to this duty, and in many ways it is endeavoring to lessen the risks and dangers her citizens may meet. The great department of health is ever busy in a wide range of functions lessening the risks to all sorts of disease. There is hardly an industry of importance in the State that is not subject to inspection and control by experts to see that life, health or limb is not exposed to greater risk than necessary. But until comparatively recently little has been done in the field of mental hygiene. To-day, however, much is being done by voluntary workers throughout the State. There is hardly a city of importance in which mental hygiene meetings are not held. Each State hospital is sending out physicians to lecture to audiences upon the subject of mental hygiene. The State Charities Aid Association is ever busy arranging meetings, preparing programs, and engaging speakers. Thousands of individuals are lending their assistance, and so the movement to stop the terrific growth of insanity among our people is under headway. An enormous amount of good is being accomplished, but its influence and power can not be measured or seen at once. As time moves the great worth of the efforts which are now being made are certain to become manifest. It is a splendid accomplishment to realize that one has assisted in the cure of an individual whose mind was dethroned. How much greater the sense of satisfaction to feel that one has been of assistance in preserving the integrity of the mind!

It is hoped that as the value of these clinics become more generally known that physicians, teachers, the clergy, magistrates, and others may make more use of them when confronted with problems of a psychiatric nature which

must frequently come before them in their professional activities. Let it be clearly understood that the lectures and clinics are free and are conducted solely for the good they may do. We ask the earnest and active cooperation of all in this work, and feel confident that the awakening of the public to a realization of the need of mental hygiene clinics is going to make for a healthier and saner people. It has been said that the way to treat insanity is to begin with the grandparents. Let us, then, begin with the grandparents of future generations, for, after all, it is in the developmental stage of his career that the individual is likely to form faulty habits and faulty methods of thinking and acting, and it is to him that we may render the greater service.

THE RELATION OF THE STATE INSTITUTION FARM TO THE COST OF MAINTENANCE

BY HORATIO M. POLLOCK, PH. D.,
Statistician, State Hospital Commission.

The policy of conducting a farm as a part of an institution dates back to colonial times. Nearly all of the early almshouses were located on farms. When the State was organized and the counties assumed the care of the poor of all classes, the county almshouses were either modified farm houses, or new buildings located on farms. The evident purpose in making the farm a part of the institution was to reduce the cost of maintenance by employing inmates upon the farm, and using the farm products for food. While no very accurate records of farm operations were kept, our forefathers concluded from the common experience of rural and urban householders that it cost less to maintain an institution on a farm in the country than in the confines of a city.

When the State began to assume the care of certain classes of dependents, the policy of locating institutions on farms was continued. Accordingly, we note that a farm of 130 acres was included in the site for the Utica State Hospital, purchased in 1837; and subsequent appropriations for institutions for the insane and for other classes of dependents included funds for the purchase of land for farm and garden purposes. According to the latest available data, the State of New York now owns 42 farms, containing 24,218 acres. The total farm investment is \$2,800,692. It is thus apparent that institution farming has become an important as well as a permanent State industry.

The problem before us is to increase the efficiency of this industry and enhance the value of the farms to the institutions and the State.

The value of a farm to an institution is manifold. The farm affords a healthful and stimulating environment for inmates or patients. The farm supplies the institution with pure milk, fresh eggs and wholesome fruits and vegetables. The superior quality of these articles coming direct from the

farm to the institution table, although not reckoned in the farm accounting, means much to the inmates and employees, and no doubt, contributes to the general well-being of the institution. Most of all, the well-managed farm yields large profits, which reduce the cost of maintenance. I say "large profits" because the profits of an institution farm should be far greater than those of an ordinary farm. The institution farmer has a market at hand for his entire produce; the ordinary farmer must haul his goods to market and usually finds a ready market only for his best products. The institution farmer is thus saved the cost of finding a good market and of shipping his goods thereto. The institution farmer usually secures the labor of inmates or patients at small cost; the ordinary farmer must pay high prices for labor, which is often of low grade. The institution farmer has the further advantage of the use of the waste products of the institution for food for pigs and poultry. These advantages in the aggregate are enormous and if fully realized would lead to the intensive cultivation and expansion of the institution farms throughout the State.

From the point of view of the institution, it is indeed fortunate that the farm which is so essential to the welfare and training of certain classes of inmates, can be made an economic factor of so great importance.

The State institution farms as a whole are now doing well. I have before me the summary of the reports of the State institution farms submitted to the State Department of Agriculture for the fiscal year ending September 30, 1915. In these reports the farm operations are classified so that it is possible to determine the results from each of the principal industries, viz.: gardening, potato raising, production of field crops, fruit growing, dairying, production of swine, and the production of poultry and eggs. Summing up the results of all the institution farms for the year 1915, I find that the value of the garden products amounted to approximately \$184,000; the percentage profit from the cultivation of the gardens based on the cost of production, not including the farm investment, or the team labor involved, was 94.5. The potato crop was valued at \$63,000 and was grown

at a profit of 62.4 per cent. The field crops were valued at \$216,000, and showed a profit of 63.1 per cent. The fruit produced was valued at \$29,000, and the profit therefrom was 117.3 per cent. The value of the milk and butter produced was \$219,000, and the profits, 21.5 per cent. The swine industry yielded pork valued at \$75,000, with profits of 47.3 per cent. The poultry business yielded products amounting to \$26,000, with profits of 32.7 per cent. The farms as a whole yielded a net profit of \$352,456. This was equal to 12.6 per cent of the total farm investment.

It is clear, therefore, that the institution farms of the State are now being operated so as to yield substantial profits; but are they yielding the maximum profit; are they so managed that the institutions and the State are deriving the greatest possible advantages from their operation? To answer these questions it will be necessary to further analyze operations and results. In the first place it must be remembered that the farm investment is practically a *constant quantity* whether the farm be well managed or not. Any increase in products above cost of production constitutes a net gain.

Referring to the results from the cultivation of gardens in 1915, we find that the Manhattan State Hospital, with only 64 acres under cultivation, produced vegetables valued at \$18,644, a yield of approximately \$300 per acre. While it would not be possible for every institution to make its gardens yield equally well, there is no doubt that by intensive cultivation and by keeping growing crops in the ground during the entire season, the production of the gardens throughout the State might be enormously increased.

The results from the potato crops of the different institutions show wide variations. Some institutions grow no potatoes at all; others but a small quantity, but the Rome State Custodial Asylum, the Brooklyn State Hospital and Craig Colony report more than 100 per cent profit in potato growing.

Field crops are grown at a profit in every institution except Bedford Reformatory. In some institutions the profit is quite small, but in the State Agricultural and Industrial Institution at Industry a profit of over 300 per cent in field

crops is reported. The Rochester State Hospital farm, while operated on a smaller scale, reports a profit of over 400 per cent in field crops. Why there should be such astounding variations of results from this division of the farm operations is hard to understand.

The raising of fruit is a well developed industry in but few of the institutions. In only nine institutions was the yield of fruit valued at more than \$1,000, and in only one at more than \$5,000. The Willard State Hospital with its large orchard and vineyard produced fruit valued at approximately \$7,600, at a profit of over \$5,000 or about 200 per cent. Most of the institutions show a profit in fruit raising, but as the business is so small the profits are of little account.

The State institution dairies yielded a profit at every institution except at the undeveloped training school at Yorktown Heights. The percentage of profit from this industry at most of the institutions is not large. This is due in part at least to the comparatively low price credited to the dairy for the supply of milk furnished to the institution. Many of the institution dairies are well stocked, and a high standard of operation is maintained. Some of them are producing Grade A milk, which would sell in the open market for nearly double the amount credited to the dairy at the institution. Although the apparent profits of the industry are thus reduced, the real benefit derived by the institution and the State is not affected. In this connection it is worth while to note the great advances that have been made in the production of milk by the institution dairies during the past six years. Through the skillful oversight of Commissioner Winters and Mr. Edwards of the Department of Agriculture, the value of the milk produced in the dairies on the State institution farms has increased from \$149,732 in 1910, to \$186,156 in 1915. Herds have been enlarged; several new dairy barns have been built; new equipment has been purchased and new methods have been adopted.

Raising of swine in either small or large units is usually attended with profit unless the animals become diseased. All of the piggeries of the State hospitals, except that of Mohansic, yielded substantial profits in 1915. Fifteen piggeries of the State charitable institutions reported a profit,

and five a loss. The Great Meadow Prison reported a profit from its piggery of over 100 per cent. The piggeries in most of the institutions are small and not specially well equipped.

The poultry business is likewise in an undeveloped state on the institution farms. While most of the farms have some poultry, the business has not been emphasized and very few well equipped plants are to be found. Nearly all of the small henneries in operation, however, are operated at a profit.

It is apparent that there are large possibilities for development in several lines on some of our institution farms. On others with limited acreage the maximum has already been nearly reached. In seeking to enlarge the productivity of our farms, the question naturally arises: What branch of farming shall we emphasize, and what branch is likely to prove most profitable? In answering this question, we must take into consideration the needs of, as well as the opportunities for agricultural work at each institution. The products of each institution farm should bear a close relation to the commodities consumed. If the farm is fully providing for the needs of the institution along one line but not along other lines, increased provision for the latter would naturally follow.

According to data obtained from the Department of Agriculture for the year 1915, the State institutions produced and purchased farm products in money value approximately as follows:

VALUE OF CERTAIN COMMODITIES PRODUCED AND PURCHASED,
ALL STATE INSTITUTIONS, 1915

	Produced	Purchased	Per cent produced
Garden products.....	\$184,000 00	\$34,000 00	84.4
Milk.....	186,000 00	280,000 00	39.9
Butter.....	33,000 00	400,000 00	7.6
Pork.....	75,000 00	104,000 00	41.9
Potatoes.....	63,000 00	88,000 00	41.7
Field crops.....	216,000 00	155,000 00	58.2
Fruit.....	29,000 00	33,000 00	46.8
Poultry products.....	26,000 00	202,000 00	11.4
Meats (other than pork).....	18,000 00	840,000 00	2.1
Total.....	\$830,000 00	\$2,136,000 00	28.0

From these data it is evident that with a little more effort, practically all of the garden products needed by the institutions could be raised in the institution gardens.

While the acreage of land available for cultivation at some of the institutions is not sufficient for the maintenance of a large dairy, there is no doubt that an opportunity for the extension and further development of the productivity of the dairy exists in many of the institutions. In view of the high prices now obtained for good milk, the economical administration of the institution demands that the dairies be brought up to the highest state of efficiency. Much may be accomplished along this line without increase of herd, or increase of farm acreage. By careful selection of cows and a better system of feeding and management, the State Agricultural and Industrial School at Industry increased the average annual production of milk per cow from 3,007 pounds in 1907 to 8,349 pounds in 1915. At the St. Lawrence State Hospital careful attention has been given to the dairy for several years past and a gradual increase in productivity has been noted. In 1915 the dairy of this institution produced approximately 500,000 quarts of milk at a net cost of \$16,000, an average cost of 3.2 cents per quart. The milk produced has been tested repeatedly by experts of the Department of Agricultural and found to be Grade A milk. If the hospital were to produce an equal grade of milk in the open market, it would be obliged to pay from 7 to 8 cents a quart therefor.

The table shows that the production of pork at the institution farms is less than half of the amount consumed. Why this should be so when pork is produced at a profit at nearly all of the institutions is difficult to explain. A detailed report from the St. Lawrence State Hospital for the year 1915 shows that 60,000 pounds of pork were produced at a cost of \$3,210, or 5.35 cents per pound. The latest contract price for pork to be furnished to the State hospitals is 14.5 cents. If we can produce pork at the institutions for less than 6 cents per pound, why continue to buy it at 14.5 cents?

The crop of potatoes at the institutions in 1915 was only

about one-half as large as that needed for institution use. In that year normal conditions with respect to potatoes prevailed. While the soil in all parts of the State is not well adapted for the raising of potatoes the reports of the institutions show a considerable profit from the crop as a whole, and there seems to be no good reason why an institution with sufficient land should not produce enough potatoes for its own use.

Poultry business is the least developed branch of State institution farming. Only about one-eighth of the eggs used in the institutions were laid in the institution henneries. Only one institution reported poultry products in excess of \$5,000 in 1915, and only one other in excess of \$2,000. The State Agricultural School at Industry is the only institution in the State that produces all its eggs. A report from this institution for the year 1914 showed that it was costing this institution 18 cents per dozen to produce strictly fresh eggs. Other institutions were paying from 25 to 30 cents per dozen for eggs of poorer quality. The poultry business can be developed with less land and less capital than any other branch of institution farming. The experience of the small poultry plants now in the institutions indicates that it is not difficult to obtain a fair degree of profit even from small units. While it is probable that the business on a large scale would show an even higher percentage of profit, the multiplication of the small units at the present rate of profit would result in great gain to the State. Here is an opportunity for the institution farmers to save the State nearly \$100,000 per year.

The fruit business is not productive except at a few institutions. The consumption of fruit at the institutions is also very small. To develop the fruit business requires several years of careful work, but an orchard or vineyard once established is a very valuable asset to an institution. Wherever conditions are favorable an institution will find it advantageous to produce enough fruit for its own use. The fact that returns are not immediate should prevent us from attempting to develop this industry.

This brief review of possibilities in the development of our agricultural industries indicates that much more might

be done to reduce the cost of maintenance in our institutions, but the question is often asked: "Why do not the institutions having large productive farms report a lower cost of maintenance than the institutions having much smaller farms?" The question would be more easily answered if fewer factors entered into the per capita cost of maintenance. Per capita cost in an institution varies for many reasons. Expressed mathematically, we may say that: (1) Per capita cost of maintenance varies inversely with the size of the institution; (2) per capita cost varies directly with the price of commodities and the price of labor; (3) per capita cost varies directly with the standard of care maintained by the institution; (4) per capita cost varies directly with the special treatment, care or instruction given inmates or patients; (5) per capita cost varies inversely with the efficiency of the management of an institution. With so many variable factors entering into the per capita cost of maintenance, it is useless to attempt to show the influence of the institution farms by comparing the gross per capita cost of maintenance, in the several institutions. It must also be remembered that the average per capita profit of the institution farms of approximately six dollars is only about one-fortieth of the entire per capita cost.

A study of the dietaries in the State hospitals recently made seems to indicate that the hospitals having large farms consume more food per capita than those having small farms. Whether the additional food thus consumed is an advantage to the patients has not been demonstrated. This much is certain, if the standard of care and treatment of inmates be uniform, and the other factors entering into per capita cost be equal, the institution deriving large profits from the operation of a farm would have a lower per capita cost than the one without a farm or with a farm producing less profits.

In closing I would remind you that good farming is now more important than ever before in the history of our State. The demand for food products is everywhere exceeding the supply and prices are mounting higher and higher. Shall we not do our part to meet the situation by utilizing to the utmost the resources of our institution farms?

SUPPLEMENTARY DATA RELATIVE TO THE STATE HOSPITAL FARMS

(See accompanying tables.)

Table 1 shows the value and profits of each of the hospital farms in 1915. Taking all the farms together, we find that the total area under cultivation was 5,553 acres. The value of the farm investment was \$1,314,351. The net profits amounted to \$176,883, or 13.5 per cent of the farm investment. The net profits per acre were \$31.85.

As the value of the farms of the institutions located in or near large cities is very high, it becomes difficult for such institutions to make their farms yield a high percentage of profit on the farm investment. The results on the farms of the Buffalo and the Manhattan State hospitals, however, show that by intensive cultivation a farm thus handicapped may still be able to yield a high rate of profit on the investment.

Table 2 shows the per capita investment, outlay and profits on each of the State hospital farms in 1915. The per capita farm investment of all the hospitals together was \$40.45. The per capita outlay was \$3.62, and the per capita profits, \$5.44. It is noteworthy that the net profits in most of the institutions exceeded the outlay. The hospitals that had a large per capita outlay also had large per capita profits. This indicates that the farm profits might be substantially increased by an increase in outlay. On the average, each dollar expended in fertilizer, seed, labor, etc., on the farm yielded in farm products \$2.50, or a net profit of 150 per cent. An increase of outlay might reduce this percentage of profit but even though it were reduced 50 per cent, the State would still gain materially from the increased total value of products.

Table 3 shows the per capita cost of provisions and of outlay for farm and garden, with per capita profit from farm and garden in 1915. It is seen that the total per capita cost of provisions and farm and garden as a rule is less in the institutions having large productive farms than in the others. As previously mentioned, the

institutions with large farms supply a greater quantity of food to the patients than the other institutions. This would tend to reduce the gain accruing to the former institutions from the profits of the farm and garden.

TABLE 1. PROFITS OF STATE HOSPITAL FARMS, 1915

HOSPITALS	Area under cultivation	Value of farm investment	NET PROFITS, 1915		
			Amount	Per acre	Per cent of investment
Binghamton . . .	850	\$89,651 00	\$21,770 00	\$25.61	24.3
Brooklyn	65	43,746 00	2,769 00	42.60	6.3
Buffalo	65	17,833 00	6,601 00	101.55	37.0
Central Islip . . .	255	37,788 00	18,823 00	73.82	49.8
Gowanda	496	60,464 00	13,159 00	26.53	21.8
Hudson River . .	485	113,962 00	22,369 00	46.12	19.6
Kings Park	142	64,885 00	7,933 00	55.86	12.2
Manhattan	64	122,291 00	11,419 00	178.42	9.3
Middletown	239	84,629 00	4,119 00	17.23	4.9
Rochester	197	86,904 00	13,512 00	68.59	15.5
St. Lawrence . . .	930	166,609 00	22,064 00	23.72	13.2
Utica	955	217,956 00	15,170 00	15.88	7.0
Willard	810	207,633 00	17,175 00	21.20	8.3
Total	5,553	\$1,314,351 00	\$176,883 00	\$31.85	13.5

TABLE 2. PER CAPITA INVESTMENT, OUTLAY AND PROFITS ON STATE HOSPITAL FARMS, 1915

HOSPITALS	Daily average patient population	Per capita investment	Per capita outlay	Per capita profits
Binghamton . . .	2,336	\$38 38	\$6 38	\$9 32
Brooklyn	811	53 94	1 98	3 41
Buffalo	2,068	8 62	0 68	3 19
Central Islip . . .	4,674	8 08	1 28	4 03
Gowanda	1,154	52 40	11 06	11 40
Hudson River . .	3,211	35 49	3 36	6 97
Kings Park	4,034	16 08	1 89	1 97
Manhattan	4,848	25 23	1 36	2 36
Middletown	2,005	42 21	3 85	2 05
Rochester	1,485	58 52	1 93	9 10
St. Lawrence . . .	2,026	82 24	9 56	10 89
Utica	1,480	147 27	9 03	10 25
Willard	2,359	88 02	5 42	7 28
Total	32,491	\$40 45	\$3 62	\$5 44

TABLE 3. PER CAPITA COST OF PROVISIONS AND OF OUTLAY
FOR FARM AND GARDEN, WITH PER CAPITA PROFIT FROM
FARM AND GARDEN, CIVIL STATE HOSPITALS, 1915

HOSPITALS	Per capita cost of provisions	Per capita outlay for farm and garden	Total per capita cost of provisions and farm and garden	Per capita profits from farm and garden
Binghamton....	\$62 93	\$6 38	\$69 31	\$9 32
Brooklyn.....	76 11	1 96	78 07	3 41
Buffalo.....	68 73	0 68	69 41	3 19
Central Islip....	65 71	1 28	66 99	4 03
Gowanda.	51 40	11 06	62 46	11 40
Hudson River..	66 60	3 36	69 96	6 97
Kings Park.....	64 46	1 89	66 35	1 97
Manhattan	72 68	1 36	73 04	2 36
Middletown	70 58	3 85	74 43	2 05
Rochester	60 18	1 93	62 11	9 10
St. Lawrence ...	49 04	9 56	58 60	10 89
Utica	55 64	9 03	64 67	10 25
Willard	60 32	5 42	65 74	7 28
Total.....	\$64 59	\$3 62	\$68 30	\$5 44

MINUTES OF QUARTERLY CONFERENCE

FEBRUARY 27, 1917

Minutes of the conference of State hospital managers and superintendents with the State Hospital Commission, held at the Capitol, February 27, 1917.

Present—

Commissioners PILGRIM, HIGGINS and MORGAN.

Secretary EVERETT S. ELWOOD, State Hospital Commission.

Medical Inspector WALTER G. RYON, State Hospital Commission.

Statistician H. M. POLLOCK, Ph. D., State Hospital Commission.

Inspector CHARLES B. DIX, M. E., State Hospital Commission.

Utica State Hospital, HAROLD L. PALMER, M.D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent; Miss BERTHA A. PECK and WILLIAM T. MORRIS, members of the Board of Managers.

Hudson River State Hospital, FREDERICK W. PARSONS, M. D., Acting Superintendent; FRANK B. LOWN, E. LYMAN BROWN and HORATIO N. BAIN, members of the Board of Managers.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent, Mrs. ANNIE DEVEREUX MILLS, member of the Board of Managers.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent, H. PUTNAM ALLEN, member of the Board of Managers.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent.

Kings Park State Hospital, WM. C. GARVIN, M. D., First Assistant Physician, AARON J. ROSANOFF, M. D., First Assistant Physician, Rev. JOHN C. YORK, member of the Board of Managers; CHARLES S. PITCHER, Steward.

Brooklyn State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Manhattan State Hospital, HERMAN C. EVARTS, M. D., First Assistant Physician, GUSTAV SCHOLER, M. D., member of the Board of Managers.

Central Islip State Hospital, G. A. SMITH, M. D., Medical Superintendent, JAMES MCGREGOR SMITH and Rev. WILLIAM GARTH, members of the Board of Managers.

AUGUST HOCH, M. D., Director, Psychiatric Institute.

RAYMOND F. C. KIEB, M. D., Medical Superintendent, Matteawan State Hospital.

CHRISTOPHER J. PATTERSON, M. D., Physician in Charge, Marshall Sanitarium.

ROBERT B. LAMB, M. D., Physician in Charge, Craig House.

HOMER FOLKS, Secretary, State Charities Aid Association.

Dr. WM. L. RUSSELL, Superintendent, Bloomingdale Asylum.

Hon. HARRY B. WINTERS, Department Commissioner of Agriculture.

J. D. EDWARDS, Inspector, State Institutional Farms.

GEORGE A. HASTINGS, Assistant Secretary, State Charities Aid Association.

Dr. T. W. SALMON, Medical Director, National Committee for Mental Hygiene.

The conference was called to order at 11 A. M. by Dr. Pilgrim, chairman.

Dr. PILGRIM: Before beginning with the regular work of the conference, it is but fitting that we devote a short time to the memory of our departed friend and fellow-worker, Dr. Mabon, and as I became associated with him upon the very first day of his entrance into the work of caring for the insane in this State, and as I remained in close association with him up to the time of his death, it is perhaps also fitting that I should be the first to speak of his work and worth.

Dr. Mabon entered upon his life work in this State in the spring of 1887 when he became an assistant physician in the Utica State Hospital. Dr. Blumer was the superintendent at the time, I was the first assistant physician, Dr. Wagner was the second, and Mr. McGarr was the secretary, and upon the day that Dr. Mabon joined our ranks friendships began which lasted uninterruptedly for nearly thirty years, and which death alone could break. After remaining in Utica for about seven years, Dr. Mabon became the superintendent of the Willard State Hospital where he remained for two years when he resigned to accept the superintendency of the St. Lawrence State Hospital. He remained at Ogdensburg for seven years and had much to do with shaping the destinies of this new institution and in

developing it along the most modern lines. In 1903, his reputation as an executive officer having attracted the attention of the New York City authorities, he was asked to accept the superintendency of Bellevue and the Allied Hospitals. His work in this new field was eminently satisfactory but after a little more than a year the "call of the State" became so loud that it could not be resisted and he came back to us, as president of the State Commission in Lunacy, in 1904, where he remained for two years when the death of Dr. Dent in 1906 resulted in his acceptance of the superintendency of the Manhattan State Hospital, one of the largest and greatest in the world, where he remained for eleven years, or up to the time of his death on the 9th of the present month. Dr. Mabon was also consulting physician to the Department of Atypical Children on Randall's Island and consulting alienist to the Hospital for Deformities and Joint Diseases and the Neurological Institute. He was at one time Professor of Mental Diseases in the New York University and was also an active member of many societies connected with our specialty. And all of these positions of honor and trust he filled in a manner which gave him a national reputation.

To you, who knew him so well, it is unnecessary for me to speak of his forceful character and attractive ways. It is also unnecessary for me to remind you that there was no reform in the care and treatment of the insane, such as State care, after-care and preventive work, no movement for the betterment of the condition of patient or employees, nor no "uplift work" in any direction but had his earnest support and active cooperation. His energy, his earnestness, and his pleasant personality, combined with what might be called his attractive combativeness was of the greatest value to any cause which enlisted his interest or appealed to his sympathies.

His optimism, his resourcefulness, and his tendency to minimize difficulties filled all who came in contact with him with faith and hope, and enabled him to surround himself with friends whose loyalty never failed.

His sterling character, his honesty, his frankness, and his

refusal ever to take an unfair advantage of an adversary made him an ideal expert witness and an honored opponent.

As a man, as an alienist, as a superintendent, but above all as a companion and a friend, we shall not soon look upon his like again.

The words which Fitz-Greene Halleck wrote upon the death of his friend Rodman Drake appear to me to be peculiarly appropriate to him:

"Green be the turf above thee,
Friend of my early days,
None knew thee but to love thee,
Nor named thee but to praise."

Commissioner HIGGINS: Mr. Chairman—It is very difficult at a time like this to speak without emotion and while I had not intended to say anything on this occasion, I feel impelled to add to what you have said my humble tribute to the memory of Dr. Mabon.

Probably there is no one in this room whose acquaintance with him extended over a shorter period of time than my own. I did not know Dr. Mabon until I came into this service, something over a year ago, but in that year we were thrown very closely together, for being new and inexperienced in the work I felt the need of some one to whom I could turn for advice and counsel. I turned to Dr. Mabon and from him I always received wise advice and judicious counsel. I feel his loss very deeply as I know we all do. Dr. Pilgrim has reviewed briefly the career of Dr. Mabon. We all know that his was a life of usefulness, a life devoted to the care and treatment of the insane in this State. He was the leader of that element which stood for progress; for the hospital idea of treatment as against the asylum and custodial idea of which we have been hearing so much in these later days. He was a man diligent in his business and in him was fulfilled that scriptural promise:

"Seest thou a man diligent in his business? He shall stand before kings. He shall not stand before mean men."

It seems to me that Dr. Mabon passed away as he would have preferred to go, in the harness. If I am correctly informed, he was in his office the Sunday before he died.

“He did not fall like drooping flowers that no man noticeth;
 But like a great branch of the stately tree, rent by the tem-
 pest and flung down to earth thick with green leafage;
 So that piteously each passer by that ruin
 Shuddereth and saith:
 ‘The gap this breach had left is wide;
 The loss thereof can never be supplied.’ ”

Rev. Mr. GARTH, of the Central Islip Board of Managers:
 Mr. Chairman—Before making an announcement as to
 a meeting to be held to-day of the association of hospital
 managers permit me to say a word about my impressions of
 Dr. Mabon.

There are many points upon which I might speak but I
 would emphasize at least a few. I never noticed him dur-
 ing these conferences without thinking that whether he was
 57 or 87 years of age, he was and would continue to be a
 young man. He had that alertness and adaptability that
 kept him and will keep any other man from hitting the dead
 line. The difference between one man and another in this
 world is whether he has hit the dead line, whether he keeps
 up his interest in things. Now, Dr. Mabon had not hit
 that line, nor would he have hit it had he lived even to 87;
 I believe even at that age he would still have been a young
 man. Youth has nothing to do with years, it has nothing
 to do with arteries. Youth means simply how a man main-
 tains his interest in things. One might say that life is like a
 telephone exchange with connections on every side. One
 branch may become narrow, not used much, another one
 may be closed out altogether. So with man. If he sinks
 his interest, if his sympathies and activities become narrow,
 he becomes an old man, sometimes at 30, sometimes at a
 later date; in that, consists the difference between youth and
 age. Cecil Rhodes asked his secretary on one occasion
 what kept a man young and the secretary answered, refer-
 ring to that alertness and adaptability which so character-
 ized the make-up of our departed friend. His interests were
 wide, they were live, he had that alertness and that adapt-
 ability necessary for a life that is to be full.

Dr. WAGNER: Mr. Chairman, Ladies and Gentlemen of
 the Conference—As one of Dr Mabon's oldest friends, I

would like to say a few words in the way of a tribute to his memory. Although it is quite unnecessary to bring to this conference any account of Dr. Mabon's stewardship in the many important offices he has filled, it is nevertheless fitting and proper that his friends should pause for a moment out of respect to his memory and cast a flower upon his bier in appreciation of his worth as a man and a friend.

I remember very well indeed when I first became acquainted with Dr. Mabon. As Dr. Pilgrim has said, it was thirty years ago when he came to Utica as a young physician on the staff; he and I were the youngsters on the staff then, and I remember how we looked to Dr. Pilgrim and Dr. Blumer for example and advice; they were not so much older than we were, but to us it seemed as if they had always been in the hospital, and that they represented all the dignity and discipline of the medical service, and it was to them also that we looked for inspiration and advice in social affairs, for in that fine old city the social life was a very attractive feature.

Dr. Mabon, like the rest of us, in those days was quick-tempered and we often fell out over trivial things, but no matter how hot the anger of the moment it was always short-lived and never left a sting behind to permanently mar our deep and lasting friendship. Dr. Mabon's work at Utica as an assistant physician was always conscientiously performed. His selection for the Willard superintendency when the vacancy occurred there in 1894, was looked upon as a matter of course, and his promotion to St. Lawrence was but the natural recognition of his high attainments as a superintendent. The call to Bellevue and Allied Hospitals, and later to the presidency of the State Commission in Lunacy occasioned no surprise, for it was recognized throughout the State that no better qualified man could be found to fill these high positions. During the past ten years as the superintendent of the greatest hospital in the world—the Manhattan State Hospital—Dr. Mabon added materially to an already national reputation.

As a friend and adviser he was always ready to give time and effort, and I am entirely within the mark when I say

that as a counselor in this conference he had no equal among the superintendents of the State. His uniform kindness of heart endeared him to all who knew him. His death has taken from us a beloved friend who will long be sadly missed.

Dr. SMITH: My association with Dr. Mabon dates back to childhood. We went to school together and graduated in medicine together in Bellevue, Class of 1881.

We entered the same line of work in the State service, and for over a quarter of a century we have been associated together with Dr. Pilgrim, Dr. Wagner, Dr. Hurd, and Dr. Howard.

Though he was our junior in age, he became our leader, and we, the older superintendents, particularly miss him.

There is nothing left for us to do but to hold him in sweet remembrance, close the ranks and continue the work as he would wish and so emulate him in our work that if we are called we will also be missed as he is missed.

Dr. HARRIS: Mr. Chairman—I think it proper at this time that a committee should be appointed to prepare memorial resolutions of Dr. Mabon and that the same be spread upon our minutes and a copy forwarded to Dr. Mabon's family.

Rev. Mr. YORK, Manager of the Kings Park State Hospital: Mr. Chairman—In seconding the motion of Dr. Harris, I desire to say a few words regarding our late friend. Dr. Mabon was a man of great head, he was also a man of great heart. Oftentimes in this world we find a man of great head, great intellect, but with a small and shriveled soul and heart. He was the happy combination of large head and heart. Like every successful man, he avoided creating unnecessary difficulties for himself. When troubles came to him he met them manfully but of himself he never started unnecessary complications. He was an eminently fair man in his dealings. As a superior officer he rewarded merit in men and he overlooked all small and petty things, going straight for the actual merit that lay in his subordinates. Small vexations did not annoy him. One element in his character was noteworthy, he was a great administra-

tor because he was not given to favoritism. He was also patient in his way of listening even to fads and fancies as these came along; but like the man in the gospel, he did not suffer these to influence him, he separated the chaff from the grain, threw out the bad and retained the good. As a great leader, he kept his face turned to new ideas; and if we have developed advanced psychiatry in the State of New York, if we have a system of trained alienists superior to all in the country, it is certainly in great measure due to the foresight, the toleration, the patience of Dr. Mabon.

Dr. EVARTS: Mr. Chairman, Ladies and Gentlemen of the Conference—It may be of interest to the Conference to learn something of Dr. Mabon's last moments. He died on the 9th day of February. The Sunday previous he was apparently in most excellent health, was at the office and arranged for the reception on Ward's Island of the naval militia; and was in communication with the Governor and with the Commissioners, making arrangements to have the militia occupy a portion of one of the new buildings. He was in good spirits, and when his work for that day was done he went home. The next day was a stormy one with very high winds and the doctor did not come to the office. We thought nothing of that especially, because he would occasionally stay in when not feeling well. I think he called in no physician that day. Tuesday he sent for a stenographer and dictated some letters to her. When she returned to the office she reported that he had difficulty in breathing and that it was hard for him to enunciate clearly. Later, he sent for a couple of the hospital physicians, and Wednesday three consulting specialists from the city came, (two medical practitioners and a surgeon). The doctor showed signs of double lobar pneumonia and had developed a gastro-intestinal complication. He rapidly grew worse on Thursday, and two doctors and two nurses remained with him. During the night one of the doctors went over and spoke to him, and asked if he could do anything for him. He remarked: "Doctor, you are too late." He was delirious and while occasionally he cleared up, his mind was rambling, dwelling most of the time on business matters.

He was constantly speaking of specifications and estimates, repeating the words over and over. The doctor talked with him, saying: "Never mind, Dr. Mabon, I will attend to these matters afterwards." Then he would quiet down for a few moments, but soon would pass into delirium again. He became unconscious during the latter part of Thursday night and died at 5.45 A. M. on Friday.

Dr. RYON: Mr. Chairman, Ladies and Gentlemen of the Conference—It has been with a great deal of gratification that I have listened to the tributes paid to Dr. Mabon by his older friends and associates, and I would like to add a few words to what has already been said, as a token to his memory from the younger men of the service. The young men in the service had the highest regard and affection for Dr. Mabon. Dr. Mabon was always interested in the progress and success of the young men, especially those who showed any interest in their work. It made no difference to the doctor whether such men were on his medical staff or not, for no matter where they were located, Dr. Mabon always took an active interest in their success and furthered their interests in every way possible. We younger men of the service always looked upon him as a haven of refuge and a tower of strength in the time of any adversity, for whenever anything came up to affect the position of any of us, Dr. Mabon always went to the front and straightened things out.

I knew Dr. Mabon from the time of his appointment as superintendent of the St. Lawrence State Hospital, at Ogdensburg, and while I never had the opportunity of serving as a member of one of his medical staffs, he was always interested in my welfare and always gave me most hearty support, advice and encouragement. Not only did the doctor use every effort to aid and assist those who were anxious to advance themselves, but I have known of instances, when Dr. Mabon, observing the worth of young physicians, who, through their own folly, were neglecting their opportunities, saved them from themselves. This confidence was not misplaced, for these men have since made good, not only in the State but elsewhere.

In his death, the service lost a powerful and loyal friend, the State an efficient and untiring servant, and we young men of the service a loyal friend and counselor.

Dr. HUTCHINGS: Mr. Chairman—I was intimately associated with Dr. Mabon for a period of seven years and I beg the privilege of saying a few words in his memory.

I think that Dr. Mabon was the best executive officer I have ever known. His ability to grasp a situation promptly and to deal with it promptly was many times a wonder to me. He seemed to have an intuition that was really remarkable and it was never his custom to ponder very long over official matters. His decisions were prompt and his percentage of errors remarkably small. Dr. Mabon was a fair-minded man; indeed, I think he was as little hampered by prejudice as any one that I ever knew, always willing to give credit where credit was due, and even in cases where the results might give the appearance of some other motive, he credited the man with good intentions. I think that Father York's eulogy is especially fitting; that he had a big brain and a big heart, and that there was nothing small or petty about him; that he never harbored ill-feeling very long. Dr. Wagner's remark reminded me of an occasion when he was living in Ogdensburg. We have, in that city a very active little medical society and at one of the evening meetings, Dr. Mabon and another member, a practitioner in the city, got into an argument which became rather warm and they parted without reconciliation. But the following morning immediately after breakfast, before anything else was done, Dr. Mabon started up to the city to make amends to this friend and met him on the road, half-way down to the hospital where he was coming on the same errand. Both got out there on the roadway and had a hearty reconciliation.

That little example illustrates the big-heartedness of the man. He couldn't rest while he had the feeling that he had been unjust or harsh in his attitude towards a friend. It has been a great privilege to me to have been associated with Dr. Mabon for seven years and I shall always cherish his memory most lovingly.

Mr. E. L. BROWN, Manager Hudson River State Hospi-

tal: Mr. Chairman—I regard this as a rather well spent day and it ought to be a great incentive to the young men of Dr. Mabon's profession to work earnestly in their chosen field of activity, knowing that their services will be appreciated not only while they are living but after they have passed away. I wish I might give voice this morning to what I feel in my heart concerning my friendship of long standing for our departed associate; but I can only say: Affectionate father, indulgent husband, eminent practitioner, loyal friend, fare thee well.

Dr. SCHOLER, Manager Manhattan State Hospital: Mr. Chairman—I desire to submit at this point for incorporation in the proceedings of the conference, the following minute adopted by the Board of Managers of the Manhattan State Hospital on the 9th of February, concerning our late Superintendent, Dr. Mabon:

“The Board of Managers of the Manhattan State Hospital, at a special meeting held Friday, February 9, resolved to place on record its profound grief and sorrow at the sudden and untimely death of Dr. William Mabon, the superintendent of the hospital. Dr. Mabon was in the prime of life and in the period of paramount usefulness. His capacity for work, his marvelous executive ability, his mastery of every detail of the institution, his deep knowledge of the needs and wants of the State hospitals, his tireless energy in behalf of the afflicted inmates who were under his care, his advanced ideas of the treatment of psychopathic sufferers, his great humanity and touching sympathy which he showed whenever such qualities were called for—all these make his loss the common bereavement of the State, of the city and hospital in which he preeminently exhibited his grand qualities. The managers lost a friend, for Dr. Mabon's friendship was warm, cordial, sincere and exhilarating.

The State lost a supreme citizen and unrivalled officer. The hospital will never see his like again for he was every inch a man.

The Board of Managers feels deeply and keenly for the family of this good doctor, this ideal husband, this devoted father. May the family find consolation in the solemn

thought that its bereavement is the bereavement of all, as the loss is the loss of all.

The Board of Managers further resolve that these minutes be spread on its books, published in the daily papers, and a copy thereof forwarded to the stricken family."

ROBERT ABRAHAMS, M. D., *President*,
GUSTAV SCHOLER, M. D., *Secretary*.

Chairman PILGRIM announced that in accordance with the terms of Doctor Harris's resolution he had appointed as a committee to prepare resolutions in regard to Dr. Mabon's death, Doctor Wagner, Doctor Harris, Doctor Ryon, Doctor Smith and Doctor Hurd.

The chair announced as the next paper on the program, "The Relation of the Institution Farm to the Cost of Maintenance," by Dr. H. M. Pollock, Statistician of the Commission.

Dr. POLLOCK: The paper I am going to present to you was prepared for the meeting of State institution farmers at Ithaca, and therefore relates to all of the institutions of the State, not merely to the State hospitals alone; but at the close of the paper, I will present some matters that relate especially to the hospitals. (The paper read appears on page 259 of this issue.)

After reading his paper Doctor Pollock displayed to the conference, charts which had been prepared under his supervision, and gave additional data in regard to the hospital farms.

The discussion of Dr. Pollock's paper was begun by Harry B. Winters, Deputy Commissioner of Agriculture, who said:

Mr. Chairman, Ladies and Gentlemen: It is especially gratifying to me to have the farm operations at the institutions analyzed and gone over carefully by so able and painstaking a man as Dr. Pollock. It is also gratifying to find that he arrives at practically the same conclusions as those reached by the Agricultural Department; although we feel that we may know something about farming, the bringing in of a man who goes over these operations from the stand-

point of the statistician and the expert accountant, is very valuable to us.

Now, taking Dr. Pollock's figures, what do we find? We find that we are producing \$184,000 worth of garden produce; \$186,000 of milk and \$126,000 worth of field crops; each one of these items running well over \$100,000, and the total of the farm products being \$830,000.

What does that mean? It means a tremendous business; and if you should ask me what was the weakest point in the farm operations in this State, or in any other State I would say that it was the lack of realization, that it is a great business. We don't realize that it requires the same sort of ability, the same sort of push that must be put in any line of work. I am sorry that we do not have more men engaged in farming equal in ability to our late friend Doctor Mabon and, in passing, I think I ought to say that in going to that institution we always received the utmost attention. Doctor Mabon was always interested in the farm.

We had a meeting of the State institution farmers located around New York City, on Ward's Island a few years ago. We found that the gardens around that region were raising only one crop, while at Ward's Island they raised successive crops from the time frost went out of the ground in the spring until it came in again in the fall. In trying to point out to the different gardeners the possibilities—we met on Ward's Island, on the 11th of September, late in the year when most of the gardens were idle, and we found there every part of that great garden was growing vegetables and almost no idle land—Doctor Mabon spent his entire day with us. So the great thing that we need in these operations on State institutional farms, is to realize that we have a great business ahead of us.

To analyze further: we raise 84 per cent of all of our garden produce—we could increase that up to 90 per cent but we will always have to buy a few of our garden products. The seasons are different, and we will all have some failures, but the garden products are very satisfactory.

We are only producing 40 per cent of the milk and we bought \$280,000 worth of milk last year. On some of the

larger farms we should produce all the milk and some butter, and if we raised our own cattle, we will raise some beef. The milk production should be increased very materially.

Now, I am not willing to recommend the growing of beef in this State, but if we produce our milk and butter, and grow our cattle—all perfectly feasible now—we shall secure a large amount of meat.

I feel pretty strongly on this milk project. I recently visited the institution at Waverley, Massachusetts, where they buy all grain and all hay, and according to their statements, they are producing milk from 105 cows at an average cost of 4.38 cents per quart.

We should also produce more pork; practically all of our institutions could do this, and it is a very profitable proposition. We are only producing 42 per cent of the potatoes used and I am inclined to think we should grow all we need. This could be done by growing these on the farms where conditions are favorable and shipping them to institutions that can not grow them successfully on account of lack of land or other good reasons. This can be done with profit to the State.

Fruit is a problem that must be taken up very carefully. You can do better with it in some sections than you can in others, but if you get under way in a business manner, you can make a good showing. Poultry shows worse in the table presented than anything else, only 11 per cent of the poultry products used were produced by our farms. I don't know just why, I have the idea sometimes that we are not showing enough interest in the matter.

I think we should take one institution, the one most favorable located, and establish a poultry plant there finding out first which is the best one to take hold of it and if we succeed at this institution we can extend operations to other institutions. We are buying \$200,000 worth of poultry products every year, and it is well worth considerable attention.

Now there is another important problem, and that is, the exchange of products between institutions. There is only one plan that will work, and that is a money exchange, and

if the authorities here in Albany have the idea that we can't be trusted to sell products and honestly account and use the money, we had better get new people in charge of our departments. If you were to go into the business district and try to exchange onions for dry goods, you could not do it. There is only one way to bring about results, and that is for one institution to sell its surplus to another, and get pay for it.

Then there is another important problem, and that is better pay for the farmers on our large farms. If you take an institution farm, growing \$100,000 worth of farm crops, I can assure you that this will require the services of a pretty big man. Of course, if you have a superintendent who has the time, or a steward who can devote himself to the work, that is all right; but I want to impress upon you the fact that the growing of upwards of \$100,000 worth of products for your kitchens is a big business, and it needs a big man. I can't resist urging the different institutions to make more of the farmer in their organization. It seems to me that you should furnish him a house and maintenance, and take him into the camp of the officers of the institutions; make him one of your real men, especially if you have got a big problem on your farm.

Now, as I have gone through your institutions (and I have gone to many other institutions and have seen similar hospitals in other States), I have been impressed by the fact that you have a great group of splendidly equipped hospitals. But I wish when you return home you might go through the corridors of the institutions, the store rooms, the steward's department and look over the fine equipment, then I wish you would go to look at your farm and see if it compares fairly with the hospital equipment. I think you will conclude that the lack of proper equipment is one of the greatest drawbacks we have. There is no doubt but that these splendidly equipped hospitals ought to have equally well equipped farms; and this would be a good investment. It can be made a remarkable good investment to the State of New York.

I can't resist saying something as to the work of the State

Hospital Commission. The last time we met in this room it was for the purpose of considering certain charges that had been made against the management of the institutions. We found here a group of fine loyal men that were standing together opposing the charges, fighting them to a man; and everybody with an unprejudiced mind knew that they were doing good work, and that the State of New York ought to be proud of them. I wish we might have that same kind of devoted service in every branch of the State government, but I wish especially that we might get you behind these propositions with the same sort of loyalty that you showed at that time; certainly if you will get behind these farms, you can not fail to find them interesting fields for development and worthy of your careful consideration.

The CHAIRMAN: I am sure the gentlemen of the conference would be very glad to listen to a contribution from Farmer Brown of the Hudson River State Hospital Board.

Mr. E. L. BROWN: My good friend, Doctor Pilgrim, and Doctor Wagner as well, seem never to be able to resist the temptation "to put one over" on "Farmer Brown."

But I may admit that I am intensely interested in the problems of agriculture, though I can make but a slight contribution or addition to what has been so well said by my friend Mr. Winters. I have listened to his discussion of Doctor Pollock's paper with great interest, and also thought the doctor's paper very interesting indeed. Before we came into the room, I thought, we are to have a very uncomfortable hour; they are going to read a paper in there on agriculture, and we are to hear how to run a big farm from the standpoint of the highbrow. But it so happened that it was nothing of that kind. Mr. Winters is an every-day farmer, and knows his business.

Mr. Winters has alluded to the fact that agriculture is a great business. It certainly is a great business; one of the greatest in the world, and is bound to be greater as the years roll by. Now, the problem of the institution farm as it is connected with the cost of maintenance, must be considered very carefully. The further profitable development of these farms is perfectly feasible, and I would sug-

gest to Commissioner Winters and his department, that there be established on the farm of each State institution a branch of his department. I feel sure we would have here at least one of the means for solving the profitable farm problem. In this way we can establish a ready means of procuring expert advice. At the present time, we always send up here to Mr. Winters, who sends us a man who knows us, who knows our land, and who gives us all the information he has got. We appreciate all that, but I believe if we had a branch of the Department of Agriculture, or rather branches scattered about on the farms, one allowed to a group of institutions, it would help these institutions, and it would be of immense assistance also to the outlying or adjacent farms. I believe if some such system of cooperation can be perfected, our Dutchess County farms, Westchester County farms, farms in the counties in which these institutions are located, would be immensely benefited by such a plan; it would be a very valuable asset to us all. I trust this suggestion may receive some consideration, and I certainly hope that some such plan as this can be carried into effect.

Dr. LAMB: Mr. Chairman—I would like to make an inquiry of the gentlemen here about the accounting system used in these costs and profits. Now, some time back, a number of years ago, when I became interested in the question of institutional farming, I found that there was no really uniform system of accounting. One would show book profits, others none at all. The acreage production of the land was not available at that time, neither did it take into account anything on the investment. I believe that if some system of uniform accounting has not been devised, one taking into account the interest on the investment, that we ought not to delude ourselves with the idea that these farms show a great profit in a money sense. I want it understood, however, that my remarks do not touch upon the question of the value of the farms as affording employment for the patients of our institutions; that should always be an important element; but that they make an enormous profit is extremely doubtful, and I have reached that conclusion after a study of several years, a study which made the

profits seem very small indeed; and I mean the profits in a money sense only. But if it is up to the superintendents to manage their farms profitably and well, it is also up to the authorities in Albany to lend some aid; to afford some recognition of the common honesty of the superintendents and stewards. Even if your farm is profitably managed, you can't sell your goods in the market without turning the proceeds into the State treasury wherefrom they can not be withdrawn without legislative sanction and that high production does not help you in any way; it is rather a detriment. Thus it would be only natural that hospital authorities will not produce excess profits which would inevitably result in the elevation of the rate of their per capita cost. That is charged against them and doesn't help them in any way. Their rate is compared with that of other men operating at a lower figure and they get no credit for their excess profit. If I am not correct in my assumption that the old system still obtains, I should like to be set right.

Dr. POLLOCK: Mr. Chairman—I think that since Dr. Lamb made the studies he refers to, an entirely new system of farm accounting has been adopted. At the present time we have an elaborate farm report; the stewards are required to keep an accurate system of farm accounts which, as I explained, gives us the profit and loss in operating the farms. I have the reports of the institutions here showing operations in the several farm divisions. The accounting seems to be very carefully done in most of the institutions.

Dr. HOWARD: It is uniformly done.

Dr. POLLOCK: The same system is in operation in all of the institutions and the farm reports are checked up by the Department of Agriculture. If they are not right when received they are sent back for correction. The interest on the investment is provided for in the report. The final result on the last sheet of the report shows the gross profit and also the profit less the interest on the investment. In this chart showing profits, the interest has not been taken out, the profit shown is the gross profit. We allow 5 per cent for interest on investment, and, deducting that, all but one farm still shows a profit. Some of the profits are rather

small, but Central Islip shows a profit of 44.8 per cent with 5 per cent interest deduction.

Dr. HOWARD: But if we raise more than we need, it would be a foolish scheme to sell it.

Dr. HUTCHINGS: Mr. Chairman—I have an example which I think will illustrate the point that Dr. Lamb raises, that we don't get credit for supplies which we raise in excess of our actual needs, and which we can not dispose of. For example: one spring we had more potatoes than we needed and the Commission gave us permission to dispose of two carloads to other institutions. We readily found the institutions who wanted the two carloads and we shipped them accordingly; but it was of no benefit to us to receive that cash and turn it into the treasury, so we sent them a receipted bill covering the account. We have since raised young stock for the dairies of two or three institutions and have sent them a number of cows. We could have butchered these animals and had meat for our institution but we gave them away. Now, there was no money returned to us. We might have had some book credit for the animals that we gave away, though when we needed a bull we had to get permission from the Hospital Commission to take the money out of the maintenance account to acquire it.

I would like to ask Mr. Winters if the Agricultural Experiment Stations are not permitted to sell their products and use the money over again in their farms? It seems to me that should be the plan in our institution farms. Where we can dispose of an animal, a young bull for instance, a thoroughbred, worth perhaps \$250, that money ought to be utilized on the farm where the animal was raised. Some such arrangement, if we had it, would stimulate the interest of every steward in the farm and would be only just and fair.

Dr. WAGNER: Mr. Chairman—It seems to me Dr. Hutchings loses sight of a partial solution of the exchange problem. We have for years raised an excess of products on our farm, which we have sent to Willard, and Willard has paid for them, or, at least, has been able to send us something to offset them in value. For example, we re-

cently sent Willard 400 bushels of onions for a quantity of pork, equivalent in value. I know of no obstacle to such an arrangement as this which we have been carrying on for a number of years, and while we are unable to sell anything in the open market and get the benefit, we can exchange with other hospitals and we lose nothing by the transaction so far as I am able to determine.

Dr. HUTCHINGS: Mr. Chairman—That reminds me that we sent something to Binghamton over a year ago under this arrangement, but I can not recall that we ever received anything in return.

Dr. WAGNER: Perhaps you have not asked for anything.

Mr. WINTERS: Mr. Chairman—You can, of course, exchange products but in my judgment there is only one method of exchange that will get very far and that is by the use of money. As to accounting, we have a debit and credit side on this book and I will read from it. (Reads items.)

You can see from this that if an institution is losing money on its poultry it can not cover up the loss by profits in pork. I am anxious to get some expert accountants to go over and further improve these reports. We have had the Comptroller's office, two or three stewards of the different State hospitals and two or three from the charitable institutions and from the Prison Department on this work. If we could add the feature of money exchange it would be a great help.

Chairman PILGRIM: I understand that Mr. Edwards, Inspector of Farms of the State Agriculture Department, is with us to-day and we would be very glad to hear from him.

Mr. EDWARDS: Mr. President and Members of the State Hospital Conference—I did not come here to take part, but rather to listen to the discussion of this important subject. The facts that have been brought out have impressed me with the prominent relation that our institution farms bear to the cost of maintenance, and which has been brought out very clearly by Dr. Pollock's excellent paper and the succeeding discussion. I believe that one of the important questions that we should take into consideration is why some of our hospitals that are located in the vicinity of New York

City and on Long Island, which produce only a small percentage of the agricultural products consumed are feeding their patients at a lower per capita cost than other institutions located in the central, northern and western part of the State, that have large farms and produce the greater portion of the agricultural products consumed. Many of our farms should have better equipment and when we advise enlarging the dairy, purchase of farm implements, building of new barns or the purchase of additional land for agricultural purposes, this is the principal question that we are asked to explain. I have been told that patients in the metropolitan hospitals are largely of different nationalities from those in our up-State hospitals, and that their living conditions before admission were different and that they did not require as large a quantity of food for maintenance, also that because the winters are longer and colder in the central, northern and western part of our State, patients at these hospitals require from five to eight hundred more food calories per day. If this is true and it is necessary to use a larger quantity of food at one hospital than another these facts should be brought out. I firmly believe and your reports to our department show that your well managed farms are making good profits. While this is true, we should also be able to show that our institutions having large farms and producing a large percentage of the agricultural products required, do actually reduce the cost of maintenance.

The CHAIRMAN: Will Mr. Pitcher enlighten us as to the number of calories furnished the patients at the institutions on Long Island.

Mr. PITCHER: Mr. Chairman—Before speaking of the calories used by the institutions on Long Island, may I speak of the farm accounting blanks supplied by the State Department of Agriculture for the past three years? These blanks give a better basis for comparison of the State institution farms than those used in the past. If the original record sheets of the farm accounting were changed to give the information wished by the State Agricultural Department it would facilitate the use of these blanks. It would also simplify the keeping of the farm accounts if the report

of the farm operations covered the same period as the fiscal year. Unless it does cover the same period it entails an extra amount of work for it is necessary to make one set of farm figures for the annual report of the institution and another set for the farm accounting. If the farm accounting is for the same period as the fiscal year but one set of figures is necessary.

The study of the food supplies used at the different institutions seems to indicate that some of the institutions having large farms do not decrease the use of the food supplies purchased when there is an oversupply of those produced on the farm. Circumstances arise when certain farm products must be used to prevent their spoiling. This is particularly true of some fruits, lettuce, spinach, green peas, string beans, tomatoes, etc., but these should be substituted for purchased products wherever possible.

Dr. HARRIS: Mr. Chairman—It seems to me that farm accounting should cover a given calendar year. I don't quite agree with the farm accounting system now in use, for the reason that it covers the fiscal year. The fiscal year now ends in June when the crops are beginning, at least in some portions of the State. This system is bound to give us lots of trouble and you can't determine what the year's crop has been. Our farm accountings have closed heretofore on the 30th of September and all crops for the calendar year had to go into that fiscal year, and you had to wait for two or three months before we could make up your report.

Mr. PITCHER: Mr. Chairman—I would like to say that it is immaterial from what date you begin the farm accounting so long as it covers the same period as the fiscal year. The fiscal year ending June 30, 1916, was for only nine months which carried part of the crops for that year into 1916-17, but hereafter each fiscal year would cover a twelve-month period.

Dr. HARRIS: But you are getting part of two years in every time.

Dr. WAGNER: Suppose you plant 100 bushels of potatoes one year and 50 bushels the next year, you would get an entirely erroneous result?

Mr. PITCHER: Not if you started each time on October or July 1st.

Mr. WINTERS: That has been one of our difficulties; we don't control the Legislature. It makes the year begin and end to suit its pleasure. I don't see how in the world we can ever use a system of farm accounting that ends on the 30th of June and begins the 1st of July. A large part of the labor is charged up to the 30th of June; that is your busiest time of the year and that labor is charged against the crops of the previous year. You will never be able to analyze the farm situation with that sort of a report. You must have a report that will cover a season.

The Legislature can change the time of accounting but it can not change the seasons. We are trying to get that into a condition where the season and the report will close on the 31st of December, the succeeding season beginning on January 1st.

Dr. LAMB: I would like to ask if this system of accounting is used by the charitable institutions?

Mr. WINTERS: The same system is used throughout the State at the present time.

Dr. POTTER: Mr. Chairman—I was very glad to hear Mr. Winters mention the subject of wages paid our farmers. I have been trying for several weeks to secure a head farmer, with a promise or at least a suggestion that after July 1, the wages would be \$900.00 per annum as against \$768.00, the present rate. Other departments in the State have taken from us two very good farmers because they could pay them more money. The Civil Service Commission have an eligible list of farm managers with 18 names. The replies from these candidates give the wages that they are receiving now, as \$1,200 to \$1,300 a year. Two or three of the candidates replied that they could not think of accepting the position at the wages we have to offer.

It is very difficult to secure one of the best farm managers, if you must go through the list to find a man who will accept a position at \$64.00 per month, and that has been one of our difficulties at Gowanda.

Mr. ELWOOD: I should like to ask Mr. Winters if it is

possible to have an agricultural fund at the different hospitals similar to the manufacturing fund which has been established at Rochester and Utica, to use this fund for buying stock, putting into it the receipts from the sales of stock sold, and if this is not the time to strike for it. Anything that will help that matter out will also help along the entire operations of the farms.

Mr. WINTERS: You have got human nature to deal with. If I were a head farmer of an institution, I wouldn't like to work my head off to help some other institution. Money is the real exchange. Every institution ought to have a right to sell to the other institution but I wouldn't limit it to that. You might have a bull worth \$250 to sell and no other institution might want it.

You probably know that on one of the institution farms of the west they have developed one of the greatest breeding plants for Holstein cattle in the world; that is, it has been developed from the asylum herd at Pontiac, Michigan. You take a Pontiac Holstein into a fair and it will attract great attention every time. You must have an arrangement to return the money into a fund and you must be able to satisfy the authorities here that the money can not be expended to build up the farm of the institution excepting under certain restrictions; that is, if it is a hospital farm let the Commission regulate the matter, if it is a charitable institution farm, let the Fiscal Supervisor decide and if a prison farm, let the matter rest with the Superintendent of State Prisons. If you put it in the hands of the Department of Agriculture, we will try to get this money used for the benefit of your farms and it is real business to build them up; but with the surplus crops that have been referred to, you will not get very far unless you have a money exchange.

Mr. ELWOOD: I would like to ask Mr. Winters if he doesn't think that the present time is a specially favorable one for the adoption of this idea.

Mr. WINTERS: I don't know of a better time than now. Farm crops are very high and the Legislature is very much agitated about this matter; we can get more attention paid to it now than hereafter.

The CHAIRMAN: As we are constantly trying to increase the interest in these conferences and as private institutions have problems somewhat different from our own I have asked Dr. Lamb to present a paper to-day on "Voluntary Admissions as They Affect Private Institutions."

Dr. LAMB: Mr. Chairman—I have not prepared any paper. This matter came up very suddenly. I had been appealing to Commissioner Pilgrim for a little help and advice about meeting a certain situation at my own institution which, as you know, is a small one. This problem related to the voluntary admission of patients. I discovered after reading the law as it is printed in the hand-book that the patient might sign an application which said that he wanted to be treated and that he would give ten days notice of his desire to leave; it stated further, if I remember correctly, that he must be intelligent enough to know what he is doing when he signs this paper and makes out this application. Now, as we view mental disturbance we know that in the majority of cases there is either one or another condition likely to be present; some stupor with confusion or some form of excitement appearing in the form of delirium; and in neither case can a man comply literally with this regulation for the reason that he doesn't know what he is doing. At the same time his family is extremely loath to have him committed. They would rather put him in a private house under nurses or put him into an institution that does not carry any license from the Commission. I had received two or three cases of that sort and the problem came to me how to make my action square with the law. These patients had been received and held. They were not held quite in conformity with the law but with the authority of the Commission and the medical inspector by a liberal interpretation of the regulation. I wanted to bring this matter up for your advice more than anything else. I came first to Dr. Pilgrim, Chairman of the Commission, and now I come to you.

Perhaps Dr. Russell can suggest how some modification of this regulation could be made whereby certain cases could be received without signing an application for reception, an application for admission and treatment. As near as I can

find out, the present practice in all parts of the world is to make the admission of a voluntary patient depend upon the patient himself for the most part; in other words, he has to sign his own application, so far as I know; but it seems to me that very few men will sign that application if they possess the intelligence which the statute evidently intends that they should have. The border line cases can be handled satisfactorily, but in a mental state which is active in any degree, through either depression or excitement, it is doubtful whether the patient possesses sufficient intelligence and balance to sign that application. I maintain that in a great many cases that I know of personally and also cases that I have heard of from other people, that the actual end is better gained, if this regulation be waived to permit his admission and retention in a private institution rather than making him a ward of the State. I have given some thought to the matter and it has occurred to me that it might be possible to receive a patient of that sort under no conditions whatsoever except to notify him that if he wishes to leave, he can do so giving us notice just as he does now before he goes; and making it also mandatory on the official having charge of the receiving institution to furnish a form of a physician's certificate, if you will, that after an examination of the patient, he would affirm that the case was suitable at present and that he would be later committed if this became necessary. It seems to me that this would in a measure solve the problem. We see every day in the general hospitals cases of stuporous uremia and cases of delirium, whether alcoholic or not, which are received in these general hospitals and held for treatment without any adjudication, without any notification to the Commission, although they suffer from exactly similar conditions as cases that are committed to the State hospitals and held as wards of the State, as protégés of the court. And that is the condition that people in better circumstances dislike to have. If they are young they don't want to have their future affected by the adjudication; and if they are older people, they don't want their names on the record even though their names are held in secrecy.

And so I ask your help to solve this problem. I want to add that the State authorities have, during the past year, been broad and liberal in their interpretation of the statute and we have been greatly helped thereby. I leave this matter to your judgment and hope to receive from you, advice and suggestions.

The CHAIRMAN: Dr. Russell, will you give us the benefit of your opinion in regard to this matter.

Dr. WILLIAM L. RUSSELL: Mr. Chairman and Gentlemen of the Conference—I think we ought to consider this practical situation: namely, that the only place where the treatment of the type of cases referred to by Dr. Lamb presents difficulties is in the State hospitals and licensed institutions. There is no trouble in getting them treated in general hospitals, private houses and unlicensed institutions. In order to place them where they are under State supervision and safest, however, it is necessary to resort to legal procedure. The only reason for this is that a formal system has been built up, and it is applied without sufficient discrimination as to the practical needs in each instance.

I think the time has come when a committee of this conference, and, perhaps, others joining with them, should consider this whole situation. Probably 40 per cent of the patients coming to institutions do not need to be committed. They would come voluntarily if properly dealt with. I also think that no one should have commitment forced upon him as is the custom now. I believe all persons should have the privilege of requesting treatment in the State institutions just as they can go to the general hospitals or employ other public utilities. If this were permitted a great proportion of the patients would go to the institutions voluntarily and would remain voluntarily. With the system of supervision now provided, the public need have no uneasiness. And I may add, my belief is that the public is much more enlightened now than at any time heretofore, and would accept the change. This should be permitted, if for no other reason, because the expense of commitment could be avoided.

Another thing is that in this country—perhaps in all countries—we have great respect for legal procedures, and no

one, who has seen the truth gradually unfolding during the progress of a well-conducted trial, can help having this respect for the methods of the courts. But, I think it is possible to build up in the public mind the same kind of confidence in other governmental agencies. In most cases under consideration the issue is medical rather than legal. It seems to me that the public would be satisfied if, in more instances, the cases were treated on this basis. When I was inspector and in State institutional work, I often thought that, in a great many instances it would be quite satisfactory if, when the patient wanted to leave the hospital before his condition warranted it, the inspector were authorized to give a certificate on which the patient could be detained for a certain period. No physician in charge of an institution would ask for such a certificate where there was likely to be an appeal to the courts, or to detain a patient who demanded access to the courts. We all know that in many cases access to the courts is desirable and necessary.

Last year 167 patients were admitted to Bloomingdale Hospital on their own application, and I think that only 10 of them were afterwards committed. There were a few cases who went away perhaps unwisely, but, as a rule, the patients stayed and went through the course of treatment. This is only what could be done at any of the State hospitals.

I believe a system could be built up in which, when the issue was clearly medical, the final authority as to detention should be the State Hospital Commission.

Dr. LAMB: Mr. Chairman—Dr. Russell made one specially good point in his remark and that recalls the practice abroad. A Scotch board made a recommendation that a voluntary patient be received and that if it afterward became necessary to have him committed that he be committed to another institution. It was not the law. But they recognized that there was a difference between patients who had been committed and those who might be held as voluntary although against their will. So that when it was necessary for a patient to be committed it was arranged that he should be committed to some other institution, and after the acute stage that would seem to be a good arrangement.

The CHAIRMAN: But would the private institutions like that, that is, when it became necessary to have the patient committed would it entirely suit them to have him committed to another institution?

Dr. RYON: I have studied the voluntary law and its practical working, very carefully. When I started in my present work, I found one of the biggest problems to determine, was the question of the commitment of certain patients. It seems to me that as these institutions are licensed and as the supervision by the Commission and its inspector is sufficient, there is scarcely any chance of a patient being held illegally or wrongfully. It is a medical question entirely and I quite agree with Dr. Lamb that voluntary admissions both in private and public institutions should be regarded with greater liberality. In deciding these questions I have tried to be as liberal as possible and perhaps in several instances I have stretched the law unduly; however, it was done for the best interests of the patient in each case.

We all know there are several institutions in the State that are not licensed, where patients are kept without commitment, without formalities of any kind, sometimes locked up in rooms and sometimes even in iron cribs—as I found in one institution. If we can broaden the regulations as to the admission of private patients to properly licensed institutions it should be done; and if for no other reason than that it would have a tendency to close up these non-licensed institutions. At the present time the public feels that in order to get a patient into a State hospital or licensed institution there is the likelihood that the patient will require commitment. It is for this reason that they are so frequently sent to the fly-by-night institutions where the care is poor, if it can be called care at all.

Therefore, I have been liberal in my construction of the law, inasmuch as I have found that relatives will frequently remove patients if commitment is insisted on, to some unlicensed institution.

Dr. HARRIS: Mr. Chairman—Irrrespective of the legal complications referred to, it has always been my opinion that the nearer we can approximate our hospitals to general

hospitals the better our results will be. If we could put aside the legal restrictions, it would be better, I feel, for every one concerned. While undoubtedly, it was necessary some years ago to have these legal restrictions, the tendency of late years has been to become more liberal and I think the time has now arrived when we should strike for more elastic regulations relating to the admission and commitment of those suffering from mental disease. I would go further; I would do away with the word "insane" and "insanity" if I could and use the term, "mental disease;" we should get away from this so-called stigma. Fortunately, we are gradually getting away from that idea, but I think the nearer we can make our institutions like general hospitals, the better it will be.

The CHAIRMAN: The members of the conference may not know that there is now pending in the Legislature a bill that ought not to pass; a bill requiring that all papers relating to the commitment or admission of an insane patient to any hospital in the State shall be filed with the county clerk of the county in which the patient lives. That bill has been introduced under the idea that many patients have been improperly committed and that there should be greater publicity in proceedings looking to commitments.

I see that Dr. Salmon is in the rear of the room and we should be very glad to have him express his opinion on this subject.

Dr. THOMAS W. SALMON: Mr. Chairman—I think that if any change is contemplated in the law as to voluntary admissions, a great deal of care should be exercised. A number of States have, this year, bills before the Legislature providing for voluntary admissions and almost invariably the New York law is copied. If there is anything unworkable in our present system or practice it is very desirable that a change should be made at this session of the Legislature.

I came here from Hartford, where a bill was being framed yesterday for introduction to-day as an administration measure, copying the phraseology of our law as to voluntary admissions.

Dr. Russell has stated the truth. General hospitals are allowed the greatest liberality and the procedure is reversed with us. A few days ago I learned of a case at Bellevue, a surgical case, of a Polish boy from a western State operated on for mastoid disease and who had had infection and refused operation. Although he refused this, the surgeons simply waited until he became unconscious; that was possible because the law allows general hospitals to step in to save a case like that, whereas in our hospitals this could not be considered. Nothing could show more strikingly than this case the difference between our hospitals and the general hospitals.

The CHAIRMAN: Under the reports of committees I will make certain changes because of the death of Dr. Mabon whose name appeared on several of the committee lists.

Committee on Legislation: Dr. Wagner, chairman; Dr. Macy, Dr. Elliott, Dr. Hurd, Dr. Ashley, Dr. Keib. Dr. Russell.

Committee on Hospital Ration Allowance: Dr. Howard, chairman; Dr. Smith, Dr. Ashley, Mr. Watson, Mr. Finton.

Committee on Revision of Forms: Dr. Hutchings, chairman; Dr. Ashley, Dr. Harris, Mr. Mosher, Mr. Watson, Mr. West.

Committee on Dietary and Food Supplies: Dr. Hurd, chairman; Dr. Hutchings, Dr. Smith, Dr. Howard, Dr. Ashley, Mr. Pitcher, secretary, Mr. Mosher, representing stewards.

Committee on Budget: Dr. Wagner, chairman; Dr. Hurd, Dr. Potter, Dr. Palmer, Mr. Pitcher, Mr. Webb, Mr. West, Mr. Elwood, Mr. Kyte, Mr. Riley, Mr. Finton, Mr. Proctor, Mr. Manro, Mr. Hirsh, Mr. J. MacG. Smith, Mr. Rogers.

Committee on Standardization of Supplies: Dr. Smith, chairman; Dr. Ashley, Dr. Howard, Mr. Watson, Mr. Mosher, Mr. Kyte.

Committee on Statistics: Dr. Hutchings, Dr. Hoch, Dr. Kirby, Dr. Ryon, Dr. Harris, Dr. Pollock.

Committee on Nursing: Dr. Howard, chairman; Dr. Hurd, Dr. Wagner, Miss Ida J. Anstead, Dr. Ryon.

We would like to have a report from the Committee on Nursing, Dr. Howard, chairman.

Dr. HOWARD: Mr. Chairman—I know of no report that should be made by my committee at the present time that is of sufficient importance to take up the attention of the conference. I take it that the matter of the pending nurses' bill should be referred to the Legislative Committee. I know of no reason why the bill should be passed.

Mr. Pitcher, from the committee on a department retirement bill, reported that his committee had nothing to suggest at this time, that he did not think it wise to attempt to extend the provisions of the present retirement bill to the department or extend it beyond its present lines.

Dr. HARRIS: Mr. Chairman—There is one subject which I think is of importance to the conference at large, and that is the question of getting attendants and nurses to care for our people because of the low wages paid. The wages now being paid women attendants, \$19.00 to \$25.00 with maintenance, does not permit us to secure efficient service, and at the present time hardly any service at all; and it seems to me that this a subject which the members of the Legislative Committee should take up with the Commission in order to find out what can be done. There is a bill in the Legislature increasing the wages of employees making a minimum increase of \$2.00 and a maximum increase of \$8.00. We have no objection to any employee getting as much as he can; but this range of wages for women attendants, \$19.00 to \$25.00 is entirely too small; people can earn outside much more than that and at the same time get their days off. Some of the girls who come to our hospital for work, leave, saying they can get more money in the shops. The wages of nearly all, if not all the work help should be increased.

The CHAIRMAN: As Dr. Harris suggests, there is a bill before the Legislature raising the wages of various employees. This bill, it seems to me should be considered by the Committee on Legislation, when the hearing occurs on this bill.

Dr. HUTCHINGS: Mr. Chairman—Let me suggest one other thing; that the Committee on Legislation should consider the various positions selected for increases in that bill;

for the reason that I do not think all of the increases suggested are necessary. We are having no difficulty in keeping people in certain of those positions at the present rate and if they leave we have no difficulty in filling their places.

The CHAIRMAN: I think that this is a matter which should come up before the Committee on Legislation.

Rev. Dr. YORK: It is a very serious condition in our State hospital.

Dr. EVARTS: Mr. Chairman—We have the same difficulty in securing attendants at the Manhattan State Hospital. We have 10 per cent of vacancies among the women; out of 300 women we have had from 39 to 40 vacancies and it is extremely difficult to induce women to come and undertake the work. Previous to the war, we were just able to keep our ranks filled with young women coming in from the old country, from Ireland principally. More of our nurses at the Manhattan State Hospital are of that nationality than of any other. Since the war there has been no immigration and the American girl doesn't take kindly to our work. We are advertising in various places and have written to different employment agencies in the city and elsewhere, we are writing to training schools and hospitals to see if they could not be of some help to us; but only yesterday we had 26 or 27 vacancies. Sometimes a woman will report in the morning and leave at night; others will only stay over night. It continues a very serious problem for us.

Dr. Wagner, on behalf of the special committee appointed by the Chair, offered the following minute relative to the death of Doctor Mabon:

MINUTE RELATIVE TO THE DEATH OF DOCTOR MABON

The members of the Conference of State Hospital Commissioners, managers and superintendents record with profound regret the death of their beloved friend and associate, Dr. William Mabon, Superintendent of the Manhattan State Hospital, Ward's Island, New York City, which occurred on the 9th of February, 1917.

Dr. Mabon became an assistant physician at the Utica

State Hospital, in April, 1887, and from that time until his death, he devoted his great talents to the care of the insane with continuous ability and success; called upon successively to fill the important offices of Superintendent of the Willard State Hospital, the St. Lawrence State Hospital, the Bellevue and Allied Hospitals, President of the State Commission in Lunacy, and Superintendent of the Manhattan State Hospital, he displayed in all of these positions extraordinary powers as an organizer and administrator.

With profound sympathy for the insane, not only in the institution of which he was the superintendent, but for the whole body of mental sufferers in the institutions of the State, he gave his best efforts of heart and brain to the task of bettering their conditions by improving the insanity law, by providing better food and accommodations for them, by securing for them more skillful nurses and physicians, and by seeking every possible means of increasing their prospects of recovery and adding to the comfort of their daily lives.

For many years past Dr. Mabon had acted as special advisor to Governors, to the Legislature, to the State Hospital Commission and to this Conference with such clear insight and grasp of detail as to compel the highest respect and admiration of his colleagues. At his death the members of this Conference mourn the loss of a friend whose strong common sense, good judgment and ripe and varied experience made him a wise counselor whose advice could be relied upon in every emergency.

Dr. Mabon was a busy man in the best sense of the word. His activities included a broad field of human interest beyond the limits of the institution over which he presided with such great distinction, but, notwithstanding these activities which taxed his energies beyond his strength, he found time to cultivate the amenities of life to an unusual degree, and made many warm friends who will long miss his genial smile and cheery greeting.

In Dr. Mabon, his associates throughout the State hospital service have always found a warm-hearted, sympathetic, frank and brotherly man, for whom they entertained genuine

affection. To them, one and all, his sudden and untimely death has come with all the painful stress of a break in the family circle.

To Mrs. Mabon and her daughters and to Dr. Mabon's brothers this Conference extends sincere sympathy in their great bereavement and sorrow.

CHARLES G. WAGNER,
ISHAM G. HARRIS,
ARTHUR W. HURD,
G. A. SMITH,
WALTER G. RYON,

Committee.

The minute was unanimously approved by the Conference.

Adjourned at 1.25 P. M.

T. E. MCGARR,

Secretary of the Conference.

TRIBUTE TO DR. MABON BY S. C. A. A.

The Board of Managers of the State Charities Aid Association has adopted the following tribute to Dr. William Mabon:

In the death of Dr. William Mabon the State Charities Aid Association has lost one of the most interested members and trusted advisers of its Committee on Mental Hygiene; the Manhattan State Hospital has lost an exceptionally efficient administrator and medical head, and the State hospital system has lost one of its most distinguished and wisest representatives. Dr. Mabon's activities during the past quarter of a century have been an integral part of the progress made by the State of New York during that period of time in developing and maintaining high standards in the management of its State hospitals, in protecting them from the danger of interference, from time to time, by political or other unworthy considerations and in constantly raising the standards of humane care and of high professional attainments on the part of the medical staff. The Board of Managers of the Association learns with the greatest sorrow of Dr. Mabon's death and extends to his family an assurance of its deepest sympathy.

DR. RYON APPOINTED SUPERINTENDENT OF THE HUDSON RIVER STATE HOSPITAL

Dr. Walter G. Ryon, medical inspector of the State Hospital Commission, was appointed by the Commission to the superintendency of the Hudson River State Hospital on April 20, 1917, his appointment being confirmed by the Board of Managers of that institution on April 21, 1917.

Dr. Ryon was born in Ogdensburg, N. Y., March 23, 1874. His preliminary education was obtained in the public schools of Ogdensburg. He graduated from the Ogdensburg Free Academy in 1892. His medical education was obtained at the College of Physicians and Surgeons, New York City, the Medical Department of Columbia University, from which he graduated with the degree of Doctor of Medicine in June, 1896. In August, 1896, he was appointed medical interne at the Manhattan State Hospital, Ward's Island, New York City, in which capacity he served until December, 1897, when he was promoted after competitive examination to the position of junior assistant physician and transferred to the Central Islip State Hospital. In January, 1900, he was advanced to the grade of assistant physician and continued in service at the Central Islip State Hospital until October, 1903, when he was transferred in that grade to the St. Lawrence State Hospital at Ogdensburg, N. Y. In April, 1911, he was appointed first assistant physician to the Willard State Hospital, and served in this capacity until January 12, 1912, when he was appointed from the head of the eligible list as medical inspector of the State Hospital Commission. He occupied this position until his appointment as superintendent of the Hudson River State Hospital.

Among the articles contributed to medical literature by Dr. Ryon are the following:

“A Study of the Deterioration of Huntington's Chorea.”

"Standards of Medical Care in the State Hospitals and Licensed Institutions in New York State."

"The Care of the Insane Pending Commitment," a report which covered an inspection of practically all the detention rooms and pavilions in the State of New York, with recommendations for their improvement.

He is also the author of the medical inspector's reports for the years 1912, 1913, 1914, 1915 and 1916.

Dr. Ryon is a member of Ogdensburg Chapter, R. A. M., No. 63; Nu Sigma Nu Fraternity; the American Medico-Psychological Association; the Albany County Medical Society; the New York State Medical Society and the American Medical Association.

APPOINTMENT OF DR. HEYMAN AS MEDICAL INSPECTOR

Dr. Marcus B. Heyman, assistant superintendent of the Central Islip State Hospital, was appointed medical inspector by the State Hospital Commission on April 24, 1917, the appointment to take effect May 1, 1917. Dr. Heyman succeeds Dr. Walter G. Ryon, who resigned to accept the appointment of superintendent of the Hudson River State Hospital.

Dr. Heyman has had twenty-seven years experience in the care of the insane. He was appointed junior physician in the New York City Asylum for the Insane at Ward's Island, April 1, 1890, and was promoted to assistant physician in the same institution on March 1, 1891. He resigned this position to accept appointment as second assistant physician in the South Carolina State Hospital for the Insane, January 1, 1893. He served in this position two years, and was then reappointed assistant physician in the New York City Asylum. He became first assistant physician of the Central Islip State Hospital, December 1, 1901, and was promoted to the position of assistant superintendent December 1, 1912.

On the date of his appointment as medical inspector Dr. Heyman was elected a vice-president of the New York State Medical Society.

In December last Dr. Heyman was offered the superintendency of the Arkansas State Hospital for Nervous and Mental Diseases, at Little Rock, but after careful consideration of the matter he decided to remain in the New York State Hospital service.

He is a member of the Suffolk County Medical Society; New York State Medical Society; New York Neurological Society; Society of Medical Jurisprudence; American Medical Association; American Hospital Association; American Medico-Psychological Association; and Associated Physicians of Long Island.

DELEGATES FROM FIFTEEN STATES FORM AN INTERSTATE IMMIGRATION COMMITTEE

As a result of a conference in Washington, delegates appointed by the Governors of fifteen States east of the Mississippi and north of the Ohio rivers are perfecting a permanent organization whose object is to induce the Federal Government to assume its financial responsibility for the care of alien dependents now maintained by the States at a heavy cost, to have the Government reimburse the several States for the maintenance of persons who can not be deported on account of war conditions, and to facilitate the effective and equitable enforcement of the new Immigration Law which goes into effect May 1.

The delegates comprised heads of departments of health, charity, prisons and mental diseases. Everett S. Elwood of Albany, secretary of the State Hospital Commission, one of the New York delegates, was elected chairman of the permanent organization. Robert W. Kelso of Boston, secretary of the Massachusetts State Board of Charity, was chosen secretary.

The initiative in the appointing of delegates was taken by Governor McCall of Massachusetts, who urged the chief executives of fourteen other States to send delegates to a conference at this time. It was believed that the opportune moment had arrived for the States to reach an understanding with the Federal Government in this matter.

The new Immigration Law imposes more thorough examination both at the ports of departure and the ports of entry. It also extends the period during which an alien may be deported from three to five years. Under the old law it was necessary to deport within three years from the date of admission while five years' actual residence was required before one could become a citizen.

The delegates conferred with Hon. William B. Wilson, Secretary of Labor, and submitted for his consideration a proposed contract which would bring the departments of

the several States and the Federal Government into closer relationship in securing the most equitable application of the new Immigration Law. The contract contains a schedule of prices which the States want the Government to adopt for the payment of the care of alien dependents in the States and is very similar to the previous contract between the Government and Massachusetts. It was proposed that the Government sign a contract separately with each State. The delegates are also asking to have the States reimbursed for past expenditures.

Secretary Wilson informed the delegates that, in order to adopt their plan including the reimbursement of the States for money already spent, a special appropriation would have to be made. At the present time his department has no funds which could be made available for such purposes. The delegates then formed a permanent organization and planned to continue their efforts till they had secured federal reimbursement.

It was brought out that the Government, through the collection of the head tax within the last few years has profited to the extent of \$9,000,000. This money ought to be used in reimbursing the States. The head tax under the new Law is \$8.00 instead of \$4.00 as formerly.

A committee of delegates was named on medical examination. This committee believes that many of the alien dependents might have been refused admission to this country if more well trained medical officers had been engaged to make examinations at the ports of entry. They recommend to Surgeon General Blue of the Public Health Service that he name as medical officers to examine immigrants, men who, in addition to their general professional qualifications, shall have some knowledge and experience in the detection of mental diseases and mental defect.

NEWS OF STATE HOSPITAL SERVICE

GENERAL ITEMS

On April 24, Governor Whitman announced the policy of having all men condemned to die in the electric chair, examined by a commission of insanity experts, after the Court of Appeals fixes the time for their death. As such commission, he appointed Dr. Charles W. Pilgrim, medical member of the State Hospital Commission; Dr. R. F. C. Kieb, medical superintendent of the Matteawan State Hospital, and Dr. George A. Smith, medical superintendent of the Central Islip State Hospital.

The first duty of the Commission was to examine Antonio Impoluzzo, Frank Ferrera and Arthur W. Waite, now awaiting electrocution in the death house at Sing Sing.

— On April 3, the Commission through Secretary Elwood wrote Governor Whitman offering the new unoccupied hospital buildings and the service of the State hospitals for military purposes in case their use was required by the development of the war. The Governor was advised that the occupational classes and industrial departments of the State hospitals would cooperate by making clothes, bedding, bandages and other war supplies, and that the employees of the hospitals could be counted on for voluntary emergency service in the care of the sick and wounded, and the preparation of materials. The Commission also offered the use of its thirteen schools of nursing for the training of volunteer nurses in first aid to the injured and general hospital work.

— On April 23, the Commission wrote to Adjutant General Stotesbury, offering to establish a mental clinic or dispensary at each of the large military encampments in this State. It is proposed that a physician from the State hospital most conveniently located, visit the encampment once a week or oftener if necessary, and examine all mental cases referred to him by the commanding officer or the medical officer in charge and report thereon to such officer.

In view of the fact that mental disease of one form or another has been a frequent cause for discharge from the army, and was especially frequent among the troops stationed on the Mexican Border last summer, it is believed that the mental clinic will serve a very important purpose and will result in more intelligent disposition of many troublesome cases.

— On March 7, 1917, Secretary Elwood and Doctor Dawes, medical deputy of the Bureau of Deportation, went to Washington to confer with the Commissioner of Immigration relative to the deportation of the alien insane and the reimbursement of the State for the cost of the care of such aliens pending deportation.

PURCHASING COMMITTEE

The Purchasing Committee finds it increasingly difficult to secure anything but short term contracts with manufacturers and dealers, who, heretofore have been willing to compete in goodly numbers for the State hospital trade. The feverish condition of the markets due to the acute war developments has created a situation almost unprecedented, making it practically impossible to secure long term prices from any of the larger contractors. Six days after the execution by the Committee of a contract for 10,000 barrels of flour required for the April-June period, the market advanced to such an extent as to indicate a saving of \$20,000 by the transaction. This advance is true also of other cereals, though in less degree. At this writing, it seems almost certain that the Committee will be obliged to pay a price of not less than \$12 per barrel for the July-September supply of flour—even, indeed, if it can secure quarterly bids from any of the flour manufacturers. This price shows a striking advance over the rate of \$3.85 per barrel, prevailing four years ago.

Coal, especially of the bituminous steaming type, is likely to cost double the price heretofore paid and this may necessitate a change in grate surfaces to make them interchangeable for the use of both anthracite and bituminous coal.

Crockery and glassware are almost prohibitive in price; indeed, at an opening held on the 5th of April, no bids conforming to the Committee's specifications were submitted. An indication of the size of this contract may be gathered from the fact that 60,000 tumblers were called for.

The following table indicates price increases during the past three years:

	July 1, 1914	March 1, 1917
Flour.....	\$3.85	\$8.85
Hominy.....	3.57	5.68
Rice.....	2.72	3.66
Beans.....	2.12	6.86
Beef, full carcass.....	.1147	.155
Mutton.....	.117	.1872
Canned salmon.....	1.34	1.82
Canned corn.....	.75	.86
Syrup.....	.23¾	.36
White lead.....	.0624	.0925
Leather.....	.295	.5074
Damask.....	.46½	.565
Toilet paper.....	5.85	14.00

The Governor has just signed the bill of Senator Sage, establishing a commission consisting of the Comptroller, the Superintendent of Prisons, Superintendent of Public Works, Chairman of the State Hospital Commission, Fiscal Supervisor, Commissioner of Education, and the Secretary to the Trustees of Public Buildings, to investigate during the coming year the question of establishing a central purchasing agency and to submit suggestions to the Legislature of 1918.

NEWS OF THE STATE HOSPITALS FOR THE QUARTER ENDING MARCH 31, 1917

NEW HOSPITAL FEATURES: CONSTRUCTION, ADMINISTRATION, OCCUPATION, ETC.

BINGHAMTON

Proposals were received by the State Hospital Commission on March 20, 1917, for additions to the laundry and its equipment, aggregating nearly \$35,000.00, but as the appropriation made last winter was but \$32,000.00 it was necessary to modify the specifications somewhat as regards the equipment and again advertise for proposals covering this part of the desired improvement. New proposals were received by the Commission April 3, and were satisfactory. The addition to the laundry will therefore be constructed in the near future, and such of the equipment as can be purchased with the funds available will be installed.

Dormitories heretofore occupied by the teamsters have been converted into single rooms, of which there are now eight, besides a bathroom; the rooms are all heated by steam and the occupants will hereafter be much more comfortable.

The walls of the dining-rooms, the kitchen and several of the wards of the large building for male patients known as Broadmoor, have been improved by painting.

BROOKLYN

Work on the reception hospital is progressing, and the building is slightly over 50 per cent completed.

A new serving room on the female side has had a concrete floor placed in it, repainted, and equipped with sinks and pan racks.

A small hair sterilizer has been installed for the renovation of hair.

In the south-west corner of the mattress shop, toilets and lavatories have been installed.

The word "EXIT", in large red letters, has been placed over all the doors leading from the wards.

A refrigerator has been constructed for the use of the kitchen.

Ward 17 has been repainted throughout for the use of the employees. The employees rooming on ward 11 will be transferred to ward 17, and a feeble class of patients will be placed on ward 11.

The carpenter force has been kept busy during the past three months repairing floors on the female side.

Wiring connecting the hospital with the city fire department has

been placed in conduit running through the basement of the west end of building. A skylight ventilator has been installed over toilets in boiler house.

A number of insulated boxes have been made to keep the food warm during time of transfer from kitchen to dining rooms.

Dances, moving picture show, teas and card parties have been well attended and enjoyed.

BUFFALO

The percentage of population above our certified capacity for the whole institution is 27.3; for the male wards, main building, 49.5.

Many of the patients are busily occupied at present in preparing surgical dressings, etc., etc., for the British and Belgian Relief Fund to be used for the sick and wounded, under the auspices of the American Red Cross, which could not directly utilize their services, owing to the fact that it had all the volunteer help at present that it could use.

CENTRAL ISLIP STATE HOSPITAL

Our ice-making and refrigerating plant has been overhauled and put in good order for the summer season.

A new steam conduit including steam and return pipe lines has been installed from group "D" to group "F." This is a continuation of the new pipe line installed a year ago.

A large amount of painting has been done on the interior walls of both north and south colonies.

On Washington's Birthday, the usual vaudeville entertainment was given in the amusement hall for the patients, afternoon and evening.

GOWANDA

The construction of the pathological laboratory and mortuary has been delayed owing to much difficulty experienced in securing the necessary material. The building will be finished during the early summer.

Necessary repairs have been made to the farm buildings and foundation walls. The painters have redecorated many of the wards and dining rooms.

KINGS PARK

The new additions to groups 2 and 3 have been completed with the exception of a few minor changes the contractor has to make according to the list of the inspector of the Department of Architecture. An appropriation has been made for the furniture for these additions, and an estimate submitted to the State Hospital Commission.

The work is being progressed for the repairs of the first floor of the eight women's cottages, for which an estimate was recently allowed by the State Hospital Commission. The first floors will be rewired, steel ceilings erected, the walls repaired and recalcimined, and the woodwork repainted where necessary.

On February 28 bids were received by the State Hospital Commission for a new employees' home. The bids received were within the appropriation and the contracts were made for constructing the building. On March 12, 1917, the ground was broken and the contractors will soon begin the construction work.

The Nassau County Association, at Mineola, Long Island, is cooperating with the hospital in the matter of establishing an outpatient department and mental hygiene clinic at Mineola, New York.

MANHATTAN

The two new buildings, one for 200 women patients and the other for 150 men patients are approaching completion. The one for men has recently been painted and is about ready for occupancy. It is expected this building will be completed and furnished for the accommodation of patients within a few days. The new boiler house is also approaching completion.

UTICA

On March 17 the population of the hospital was the largest in its history. The number of patients in the institution on that date was 1,720.

WILLARD

It has been necessary to reconstruct a considerable part of the foundation walls at the group of cottages known as "Sunnycroft," owing to the development of marked evidences of settling and faulty construction.

Fire escapes have been erected at the administration building, employees' home, and the centre buildings occupied by officers and employees at five of the cottage groups.

The interior of the amusement hall has recently been redecorated.

NOTEWORTHY OCCURRENCES

BINGHAMTON

On March 22 forty women patients were received by transfer from the Central Islip State Hospital.

BROOKLYN

Senators Sage, Mills and Cullen of the Senate Finance Committee, Assemblyman Larney, Mason C. Hutchins, clerk of the Finance Committee, and Mr. C. B. Dix, state inspector of buildings, visited the hospital January 13 and made a thorough inspection.

On the evening of January 25 a lecture on oral hygiene was delivered by Dr. Shea of the Brooklyn Board of Health, to the employees of the hospital.

Mr. C. B. Dix, state inspector of buildings, and Prof. Diedrichs, of Cornell University, tested our boilers for efficiency on the 22d and 23d of March.

Four escapes have occurred, all of whom were men. Three were returned to the hospital; the fourth was paroled.

On March 1 a female patient committed suicide by hanging.

Three patients and an attendant were attacked by a male patient, who struck them with the handle of a floor polisher. Severe scalp wounds were inflicted upon two patients.

A symposium on Korsakow's psychosis was held at the hospital during the month of January. This was attended by a number of physicians from Brooklyn and New York.

A meeting of the Neurological Society was held at the hospital on February 7.

A mental clinic was held at the hospital by Dr. Frederic Eastman, February 17.

BUFFALO

Eight attendants are members of the 74th Regiment and are now serving with the regiment and receiving pay from the hospital. Four others, who had left the hospital service after returning from the Mexican border and gone to other occupations, have returned to military service.

CENTRAL ISLIP

On March 9, attendant Josephine Gilligan, who had been employed at this hospital for several years, died after a short illness of lobar pneumonia.

On March 13, General George D. Sanford, who had been employed as head bookkeeper at this hospital for several years, died suddenly of apoplexy. General Sanford was a member of the staff of Governors Hill and Flower, after which he became chief auditor of the State Hospital Commission in which position he served up to six years ago when he resigned and was transferred to this hospital as head bookkeeper.

GOWANDA

An epidemic of typhoid fever, also of measles, during the months of January and February, interfered with the out-patient department work; but the clinics in Jamestown, Buffalo, Dunkirk, Salamanca and Olean have been reestablished.

KINGS PARK

On January 6, 1917, Professor Woodworth of Columbia University and his class in abnormal psychology were given a clinic by Dr. A. J. Rosanoff.

J. W., identification number 89807, while trying to get out of line while waiting to be shaved, struggled with the attendant, twisted his

leg, slipped to the floor and fell, sustaining a simple fracture of the tibia and fibula of the right leg.

M. L., identification number 94455, while in a general paralytic convulsion, fell against the radiator in the hall and sustained a severe burn of the second degree.

L. W., identification number 85627, slipped and in falling struck the side of the dish washing machine, and her hand was caught between the wheel and the chain. She sustained a fracture of the lower third of the right ulna and lacerations of the hand and face.

S. R., identification number 90514, died suddenly on February 7, 1917. A coroner's inquest was held and the cause of death was assigned to acute gastritis.

J. L., identification number 92608, a case of dementia præcox, while out exercising, swallowed a large stone which stuck in the lower part of his esophagus. The services of Dr. Hubert Arrowsmith, of Brooklyn, were secured and he removed a stone two inches long, one and three-eighths inches wide, and one inch thick. This is the largest solid body ever removed from the esophagus of a patient.

J. N., identification number 16063, while assisting with the serving of breakfast, slipped and fell to the floor, sustaining a Colles' fracture of the left wrist and a fracture of the shaft of the left femur.

Six escapes of patients are recorded as having occurred during the quarter. Of these three were returned prior to the expiration of thirty days; one was located in the city of Buffalo, and an order of transfer issued to the Buffalo State Hospital; two are still out on parole (one for thirty days and the other for six months).

MANHATTAN

Six fractures occurred among patients during this period.

January 13, 1917, a male patient was found lying outside on the ground in a corner of the building directly beneath ward 46. Patient was missed at 7 A. M. and search was instituted. He had on when found, his underclothing, one shoe and a hat and was curled up in a blanket, as if to escape attention. He was treated for shock from exposure, but failed to rally and died at 3.20 P. M.

February 21, a male patient overpowered a female nurse, snatched a solution of bed bug exterminator and drank some of the contents. Gastric lavage was performed and he shows no ill effects at the present time.

March 30, a female patient while carrying food and coffee for patients, slipped and fell, spilling the hot coffee over her chest, back and arms, resulting in second degree burns.

A male patient suffering from dementia paralytica, attempted to commit suicide by cutting his throat, arms and wrists with the broken lenses of his eyeglasses. His condition is not serious.

A female patient, while in the dining room, evaded the attendant and ran into the river. She was followed by Nurse Tuite and Attend-

ants Linsley and Gleason, who entered the water and after some difficulty rescued the patient. She was brought back to the ward and given appropriate treatment. Neither the patient nor nurses received any lasting injury.

MIDDLETOWN

The Grand Jury of Orange County, accompanied by the District Attorney, made its semi-annual visit to the hospital March 2, 1917.

UTICA

There has been an epidemic of measles in the hospital, chiefly among the women employees. In all sixteen persons were ill, only two of whom were patients. All of them were cared for in the isolation hospital. There was also one case of scarlet fever in a woman nurse, who was sent to the general hospital.

Catholic services are to be held hereafter every Sunday instead of once a month.

WILLARD

Fire was discovered in the basement, near the kitchen at "The Hermitage," (men's infirmary) about 4 o'clock on the morning of March 15, and gained such headway that the floor of the dayroom overhead was burned through, and the entire north wing became densely filled with smoke. The dormitories contained about 100 patients of the feeble class, and most of them had to be carried out. All of the patients were removed to a place of safety without injury or accident. The fire department responded promptly to the alarm and very soon had several streams of water playing upon the fire, which was quickly brought under control. Damage was done to the extent of about \$500.

INDIVIDUAL ITEMS

BROOKLYN

Mrs. Penelope Bond Lee resigned from the Board of Managers in January, 1917.

In the month of March Dr. August Hoch, director of the Psychiatric Institute, spent a number of days with us.

In March Dr. Joseph Smith, senior assistant physician, was granted a leave of absence for six months.

CENTRAL ISLIP

On February 2, John J. Riley, inspector for the State Hospital Commission, visited the hospital, remaining until the 4th.

On February 3, Senator Ogden L. Mills, Mason C. Hutchins, clerk of the Finance Committee, and Leon P. DeMar, clerk of the Assembly Ways and Means Committee, visited the hospital, and went over matters of appropriation for the coming year.

On February 22, the Suffolk County Board of Supervisors, accompanied by the county clerk, James F. Richardson, and other county officials, made their usual inspection of the hospital and attended the Washington's Birthday entertainment for patients in the amusement hall.

On March 11, Dr. Ryon, medical inspector, visited the hospital, making his usual inspection.

GOWANDA

On January 28, 1917, Dr. Carl von A. Schneider, first assistant physician, died from typhoid fever.

HUDSON RIVER

Dr. Mortimer W. Raynor, who for several years has been an assistant physician on the staff of this hospital, was granted a year's leave of absence and goes to the Clearing House for Mental Defectives, Penitentiary, Blackwell's Island, to study the admissions with a view of segregating prisoners with constitutional mental defects.

KINGS PARK

Dr. Mary R. Bowman's leave of absence was extended on March 2, to May 1. Unfortunately, Dr. Bowman's physical condition has not shown the improvement expected.

MANHATTAN

Dr. William Mabon, superintendent, died on the morning of Friday, February 9. An account of Dr. Mabon's life and work appears on pages 271-3 of this issue.

Thomas Owens, an extra wireman, fell from a stepladder and received a fracture of the tenth and eleventh ribs and possibly a fracture of the ninth.

Dennis Richardson, an attendant in charge of a working party of patients, slipped on the uneven ground and to save himself he put out his hand upon which he fell and sustained a Colles' fracture of the left radius.

The following employees died of lobar pneumonia during this quarter:

David Spaight, attendant, died January 8, 1917.

Mary O'Gorman, attendant, died January 12, 1917.

William McNeill, special attendant masseur, died February 19, 1917.

Leonard W. Parker, assistant engineer, died March 11, 1917.

ROCHESTER

Miss Anna J. Delmore, Principal of the Nurses' Training School was reelected president of the Genesee Valley League for Nursing Education.

HABEAS CORPUS CASES

BINGHAMTON

A writ of habeas corpus was obtained by patient F. T. S. from Hon. George McCann, justice of the supreme court, returnable March 6, 1917. After the hearing the writ was dismissed and the patient remanded to the hospital for further care and treatment.

CENTRAL ISLIP

On March 5, we were served with a writ of habeas corpus in the case of I. K., returnable before Mr. Justice Jaycox at the County Court House in Long Island City on the 7th. After a hearing, the patient was remanded to the custody of the hospital for further treatment.

HUDSON RIVER

The parents of a simple case of dementia præcox, who had been a patient in this hospital for several months, applied for his discharge, and in view of their own lack of appreciation of the young man's condition it was deemed best not to permit him to go home. Prior to his admission he had been in the habit of shooting off firearms and on one occasion wounded himself in the chin, accidentally or otherwise. A woman in the neighborhood who did not understand his condition expected to marry the patient subsequent to his parole, a step which met with the approval of the patient's family. In an interview the friends were told that the hospital would make no objection to the parole of the patient providing that the parents understood his condition and the undesirability of permitting him to marry, and as they spoke of an acquaintance with a county judge they were referred to him for advice, the hospital communicating with the judge in question and giving him all the information. A few days later the hospital was ordered to produce the patient in court to consider his discharge on a bond. An assistant physician testified to the patient's condition and two practicing physicians in the city were called. They examined the patient and reported that he was sane in spite of the fact that during the trial the patient seated in the witness chair was so apathetic that he was apparently asleep and had to be aroused to answer questions. The court declared that the patient was not in need of hospital care and permitted him to go with his parents upon their promise that firearms would be excluded from the premises for one year. The question of marriage was excluded upon the objection of the lawyers representing the patient.

MANHATTAN

Patient L. L. was taken to court March 21, 1917, and writ was withdrawn by relator. This was consented to by the Attorney General and the attorney for relator. Relatives will proceed under Section 94 of the Insanity Law. Patient was returned to the hospital.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

- Benton, Dr. Fred G., assistant physician in Manhattan State Hospital, resigned February 20, 1917.
- Cobb, Dr. Clarence E., appointed medical interne in the Central Islip State Hospital, January 5, 1917.
- Cooley, Dr. Raymond L., assistant physician in St. Lawrence State Hospital, appointed assistant physician in Buffalo State Hospital, April 15, 1917.
- Delaney, Dr. William J., appointed assistant physician in Hudson River State Hospital, January 15, 1917.
- Furman, Dr. Isaac J., assistant physician in Kings Park State Hospital, promoted to senior assistant physician, January 16, 1917.
- Fitzpatrick, Dr. Edward J., appointed medical interne in Brooklyn State Hospital, March 4, 1917.
- Gray, Dr. Earle V., senior assistant physician in Gowanda State Hospital, promoted to first assistant physician, March 16, 1917.
- Harris, Dr. George F., assistant physician in Buffalo State Hospital, resigned April 1, 1917.
- King, Dr. Florence A., woman physician in Hudson River State Hospital, resigned March 21, 1917.
- Kraft, Dr. John Eugene, medical interne in Kings Park State Hospital, resigned March 31, 1917.
- Mabon, Dr. William, superintendent of the Manhattan State Hospital, died February 9, 1917.
- Mason, Dr. William, assistant physician in Manhattan State Hospital, resigned February 24, 1917.
- Raynor, Dr. Mortimer W., senior assistant physician in Hudson River State Hospital, granted one year's leave of absence, March 1, 1917.
- Reid, Dr. Robert, medical interne in Hudson River State Hospital, promoted to assistant physician, March 1, 1917; resigned March 19, 1917.
- Rodgers, Dr. Arthur G., medical interne in Hudson River State Hospital, promoted to assistant physician, January 1, 1917.
- Rowe, Dr. Charles E., medical interne in Rochester State Hospital, appointed medical interne in Binghamton State Hospital, April 1, 1917.
- Sanford, Dr. Lester A., appointed medical interne in Binghamton State Hospital, February 26, 1917.
- Vermilyea, Dr. Sidney C., appointed medical interne in Hudson River State Hospital, March 19, 1917.
- Vessie, Dr. Percy R., assistant physician in Gowanda State Hospital, promoted to senior assistant physician, March 16, 1917.
- West, Dr. Calvin B., senior assistant physician in Kings Park State Hospital, resigned January 16, 1917.
- Wood, Dr. Alfred Trenchard, assistant physician in Central State Hospital, appointed assistant physician in Kings Park State Hospital, March 15, 1917.

BIBLIOGRAPHY AND PUBLIC ADDRESSES OF OFFICERS IN THE STATE HOSPITAL SERVICE

BINGHAMTON

CHARLES G. WAGNER, M. D., superintendent.

"Nursing in Relation to the Care of the Insane." Address to the Broome County Nurses Association at their meeting in Binghamton, January 4, 1917.

"Mental Hygiene and Social Service"—illustrated with lantern slides. Address before the Men's Club of Christ Church, Binghamton, February 5, 1917.

"The Development of State Care of the Insane in New York State." Address delivered at the Annual Banquet of the Buffalo Alumni Association held at the Arlington Hotel, Binghamton, March 26, 1917.

THEO. I. TOWNSEND, M. D., first assistant physician.

"The New York State Classification of the Psychoses with Differential Diagnosis between Dementia Præcox and Manic-Depressive Psychoses." Read before the Academy of Medicine, Scranton, Pa., January 8, 1917.

BUFFALO

HELENE KUHLMANN, M. D., woman physician.

"Hygiene of Childhood, Mental and Physical." Address before Mothers' Club of School No. 41, Buffalo, N. Y., January 9, 1917.

"Mental Hygiene." Address before Mothers' Club of School No. 32, Buffalo, N. Y., February 6, 1917.

"Mental Hygiene of Childhood." Address before Mothers' Club of School 9, Buffalo, N. Y., March 29, 1917.

BROOKLYN

ISHAM G. HARRIS, M. D., superintendent.

"How the Insane Live." Public lecture at the Eastern District High School, Brooklyn, February 5, 1917.

KINGS PARK

WILLIAM C. GARVIN, M. D., first assistant physician.

"What is done by the hospital by its Out-Patient and Social Service Departments at the Home and at the Clinic." Lecture delivered under the auspices of the Board of Education of the Eastern District High School, Brooklyn, New York.

A. J. ROSANOFF, M. D., first assistant physician.

"Feeble-minded as a Cause of Dependency." Lecture delivered at New York University, at 4.00 P. M. on March 2, 1917.

Paper by the same title read before the Queens Nassau Mental Society, at Flushing, Long Island, at 8.30 P. M. March 2, 1917.

"Preliminary Report of the Nassau County Survey." Presented at the Psychology Club, Columbia University, on March 15, 1917.

MANHATTAN

FRANCIS H. WEATHERBY, M. D., assistant physician.

"A Case of Bullet Wound Injury of the Spinal Cord." Read before the February meeting of the Ward's Island Psychiatric Society.

MIDDLETOWN

MAURICE C. ASHLEY, M. D., superintendent.

"What the State is Doing for the Insane." Paper read at a public meeting in Kingston, N. Y., February 9, 1917.

ROCHESTER

E. P. BALLENTINE, M. D., woman physician.

Demonstration of Types of Mental Diseases before the Genesee Valley League for Nursing, at the hospital January 9, 1917.

ST. LAWRENCE

A. G. LANE, M. D., senior assistant physician.

"Benign and Malignant Trends." Before the Ogdensburg Medical Society, February 6, 1917.

H. L. LEVIN, M. D., assistant physician.

"Case Report, Illustrating Electra Complex." Before the Ogdensburg Medical Society, February 20, 1917.

A. T. COLNOR, M. D., assistant physician.

"Nervous Phenomena Due to Abnormal Blood Supply." Before the Ogdensburg Medical Society, January 2, 1917.

JAY E. MEEKER, M. D., assistant physician.

"Carcinoma of Male Breast." Report of Case. Before the Ogdensburg Medical Society, March 6, 1917.

H. J. WORTHING, M. D., assistant physician.

"Medical Service with the Troops on the Mexican Border." Before the Young Men's Society of St. John's Episcopal Church, Ogdensburg, February 14, 1917.

"Military Camp Life." With special reference to camp sanitation and hygiene. Before the Norwood Library Association, Norwood, N. Y.

WILLARD

ROBERT M. ELLIOT, M. D., medical superintendent.

"Paranoid Conditions." Paper read before the Cayuga County Medical Society, February 8.

STATE HOSPITAL COMMISSION

EVERETT S. ELWOOD, secretary.

"Mental Health Fortifications." Address before Public Forum, Albany, January 7, 1917.

Same address at Eastern District School, Marcy Ave. and Keap St., Brooklyn, N. Y., January 15, 1917.

HORATIO M. POLLOCK, Ph. D., statistician.

"The Relation of the State Institution Farm to the Cost of Maintenance." Address at meeting of State Institution Farmers, Cornell University, Ithaca, February 13, 1917.

Same address at Quarterly Conference, February 27, 1917. Published in this issue of STATE HOSPITAL QUARTERLY.

"The Kind of Cities We Want." Address before the Rensselaer Chamber of Commerce, February 15, 1917.

"Prevention of Strikes on Public Utilities." Address before Public Forum, Albany, February 11, 1917.

"Care and Treatment of the Insane in New York State." Illustrated talk before the Rathbone Club of the Emanuel Baptist Church, Albany, March 5, 1917.

BUREAU OF DEPORTATION

SPENCER L. DAWES, M. D., deputy medical examiner.

"The Problem of the Alien Insane." Delivered at the Albany High School, under direction of the Albany Social Science Society, February 1, 1917.

"Immigration and Insanity." Address delivered at the Eastern District High School, Brooklyn, under direction of the New York City Board of Education, February 20, 1917.

"A Doctor's Garden." Address delivered at the State Education Building, Albany—University of the State of New York Lecture Course.

"The New Immigration Law." Article published in New York State Charities Aid Association Monthly.

SCHEDULE OF OUT-PATIENT CLINICS HELD BY MEMBERS OF THE STAFFS OF THE STATE HOSPITALS FOR THE INSANE

Binghamton State Hospital:

At Hospital daily at 10 A. M. and by appointment.

Binghamton; Child Welfare Association Rooms, 9 Court Street,
Mondays at 3 P. M.

Brooklyn State Hospital:

At Hospital, Fridays, 2 P. M.

Brooklyn; Polhemus Memorial Clinic, Long Island College Hos-
pital, Fridays, 2 P. M.

Brooklyn; Williamsburg General Hospital, Saturdays, 10 A. M.

Buffalo State Hospital:

At Hospital week days, 10 A. M to 5 P. M.; Sundays, 10 to 12 A. M.

Central Islip State Hospital:

Cornell Clinic, 27th Street and First Avenue, Thursdays, 2 to 4
P. M. and 7 to 8.30 P. M.

Gowanda State Hospital:

Buffalo; Dr. R. M. Schley's office, 267 Elmwood Ave., first Thurs-
day of each month, 10.30 A. M. to 12 M.

Dunkirk; Brooks Memorial Hospital, second Wednesday of each
month, 1 to 4.30 P. M.

Jamestown; W. C. A. Hospital, third Wednesday of each month,
1 to 3.30 P. M.

Olean; Higgins Memorial Hospital, fourth Wednesday of each
month, 2 to 5 P. M.

Salamanca; Salamanca Hospital, fourth Thursday of each month,
1 to 4.30 P. M.

Hudson River State Hospital:

Poughkeepsie; Board of Health Rooms, Mondays, 7 P. M.

Peekskill; Child Welfare Station, first Friday of each month,
3.30 P. M.

Mount Vernon; Mount Vernon Hospital, second Wednesday of
each month, 2 P. M.

Kings Park State Hospital:

Brooklyn; Williamsburg General Hospital Saturdays, 10 A. M.
to 12 M.

Manhattan State Hospital:

New York City; Cornell Clinic, Tuesdays, 10.30 A. M.

Yonkers; St. Joseph's Hospital, Thursdays, 3.30 P. M.

Middletown State Hospital:

At Hospital, Tuesdays, 2 to 4 P. M.

Kingston; County Building, 74 John St., third Friday of each month, 10 to 12 A. M. and 1 to 4 P. M.

Rochester State Hospital:

At Hospital daily.

St. Lawrence State Hospital:

At Hospital, Saturdays, 9 A. M. to 12 M.

Malone; Alice Hyde Memorial Hospital, one day every five or six weeks.

Watertown; City Hospital, one day every five or six weeks.

St. Joachim's Hospital, one day every five or six weeks.

Announcement of the holding of clinics both in Malone and Watertown is made in the papers of the counties some days before the date of the clinic. In addition to this patients on parole are notified by letter to report, and appointments for definite hours are made with cases who are under treatment at the clinic or who are referred to the clinic by physicians. Parole patients report from 9 to 10 in the morning of each day and the afternoons and evenings are arranged for the appointments.

Utica State Hospital:

At Hospital daily except Sunday, 9 A. M to 4.30 P. M.

NEW LAWS RELATING TO THE STATE HOSPITAL DEPARTMENT

CHAPTER 211, LAWS OF 1917

AN ACT to amend the agricultural law, in relation to state farms and institutions.

Section 1. Section twelve of chapter nine of the laws of nineteen hundred and nine, entitled "An act in relation to agriculture, constituting chapter one of the consolidated laws," as added by chapter four hundred and thirty-four of the laws of nineteen hundred and ten, is hereby amended to read as follows:

§ 12. The commissioner of agriculture is hereby empowered and authorized to examine or cause to be examined food or food products produced or secured for use in the state institutions,—milk, monthly; other foods semi-annually—and to make or cause to be made such other examinations as he may deem wise or as the facts seem to necessitate and warrant relative to such food products and relative to the agricultural methods at all farms connected with the state hospitals reporting to the state hospital commission, at all farms connected with state charitable institutions reporting to the fiscal supervisor of state charities, at all farms connected with state prisons reporting to the superintendent of prisons, and report the results of such examinations and make recommendations thereupon as follows: to the fiscal supervisor relative to farms connected with the state charitable institutions reporting to the fiscal supervisor, to the state hospital commission relative to farms reporting to that commission, and to the superintendent of state prisons relative to farms reporting to that official. For the purpose of assisting the commissioner of agriculture in the performance of duties authorized by this section, the fiscal supervisor and the superintendent of prisons and the state hospital commission shall secure and transmit to the commissioner of agriculture such available appropriate information

and render such other assistance as the commissioner of agriculture may call for.

The commissioner of agriculture shall give such directions as in his judgment are deemed best to each superintendent, warden, or other person in charge of the several farms connected with the state institutions above mentioned as to proper care and development of farm lands and as to kind, production and disposition of crops, stock and produce and all other matters connected with the management of such farms; which directions when issued shall be made effective by such superintendent, warden or other person in charge of such farms. No land shall hereafter be purchased by the state for farm purposes connected with any of the above institutions without the approval and appraisal of the commissioner of agriculture.

§ 2. This act shall take effect July first, nineteen hundred and seventeen.

CHAPTER 238, LAWS OF 1917

AN ACT creating the hospital development commission, defining its powers and duties, authorizing contracts for new buildings in connection with the Utica state hospital and the Middletown state hospital, and making appropriations for such purpose and for the expense of the hospital development commission.

Section 1. Hospital development commission created. A commission is hereby created consisting of the state engineer, the chairman of the state hospital commission, the state architect, the chairman of the senate finance committee, the chairman of the assembly ways and means committee, two members to be appointed by the governor and one member of the legislature who shall also be a minority member of one of the financial committees of the legislature to be named by the minority leaders of the senate and assembly. The appointment of the last named member of the commission shall be evidenced by certificate duly executed by said minority leaders of the legislature and filed in the office of the secretary of state.

§ 2. Powers and duties of hospital development commission. Such commission shall

1. Examine each site of hospital development in the state, together with such other sites as the state now owns or which in the future may be developed for hospital purposes;

2. Make a complete investigation of the capacity of the present state hospital buildings;

3. Consider future policy of the state for the care of the insane, and whether advisable to make it part custodial and part hospital;

4. Adopt a general plan of hospital development taking into consideration proximity to centers of population, transportation of supplies, patients and their relatives and friends, healthfulness, water supply and drainage facilities;

5. Devise and adopt a plan to provide for the proper accommodation of the present surplus of patients, both in the civil hospitals and in the hospitals for the criminal insane the normal increase and a moderate surplusage of accommodations at its completion at the end of ten years;

6. Estimate the probable cost of such plan in detail;

7. Consider each hospital site as an entity and submit a comprehensive plan for its development to a predetermined capacity, showing location, size and character of each building proposed;

8. Recommend to the legislature of each year on the date on which it convenes, an expenditure equal to one-tenth of the cost of the entire hospital plan when completed stating in detail which buildings coming within such appropriation in cost are most immediately necessary for relieving congestion for the proper care of patients and attendants and for the symmetrical and efficient development of the entire plan.

9. Investigate the problem of the proper care of the feeble-minded in the state with the purpose of devising a plan for its solution and when this problem is under consideration the fiscal supervisor of state charities shall take the place of the chairman of the state hospital commission on the commission hereby created and the secretary of the state board of charities shall take the place of the state engineer.

§ 3. Expenses of commission; assistants. The members of the hospital development commission shall not be entitled to any compensation for their services, but shall be allowed their necessary traveling and hotel expenses incurred in the performance of their duties. Such commission may employ such assistants as may be needed, and may authorize the employment by the state engineer and state architect of such additional employees as may be needed in such offices for the purposes of this act.

§ 4. Contracts for new buildings at Marcy site. The state hospital commission is hereby authorized to enter into a contract or contracts, in the manner provided by section sixty-five of the insanity law, for the construction and equipment of new buildings on the Marcy site in connection with the Utica state hospital, including necessary heating, water supply and sewage disposal systems, at a cost of not exceeding one million two hundred and fifty thousand dollars (\$1,250,000). The hospital development commission shall determine the character of development and buildings first to be constructed on such site pursuant to this act. The sum of two hundred and ninety-nine thousand two hundred and fifty-four dollars and eighty-five cents (\$299,254.85), being the unexpended balance of the sum of three hundred thousand dollars (\$300,000), appropriated by chapter seven hundred and thirteen of the laws of nineteen hundred and fifteen for the construction and equipment of the Mohansic state hospital, is hereby reappropriated and made available for commencing the work of construction at Marcy. The new buildings constructed by the hospital development commission on the Marcy site shall be known as Utica state hospital—Marcy division.

§ 5. Contracts for new building at Middletown. The state hospital commission is hereby authorized to enter into a contract or contracts, in the manner provided by section sixty-five of the insanity law, for the construction and equipment of a new building at the Middletown state homeopathic hospital, including necessary heating, water supply and sewage disposal system, at a cost not exceeding three hundred and sixty-nine thousand dollars (\$369,000); but

no such contract shall be entered into by the hospital commission until the character of the building to be constructed shall have been determined by the hospital development commission created by this act. The sum of one hundred thousand dollars (\$100,000) is hereby appropriated for the purposes of this section.

§ 6. Appropriation for expenses of the hospital development commission. The sum of twenty thousand dollars (\$20,000), or so much thereof as may be needed, is hereby appropriated out of any money in the treasury, not otherwise appropriated, for the expenses of the hospital development commission as authorized by this act, including the necessary hire of an automobile or automobiles, the payment of experts and other assistants, and such additional employees as may be needed in the offices of the state engineer and state architect, but no such additional employees shall be so employed without the approval of the hospital development commission. The money hereby appropriated for the expenses of the commission shall be payable by the treasurer on the warrant of the comptroller on the approval of the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

§ 7. This act shall take effect immediately.

BILLS RELATING TO THE STATE HOSPITAL
DEPARTMENT, INTRODUCED IN THE STATE
LEGISLATURE DURING FEBRUARY,
MARCH AND APRIL, 1917

IN SENATE

No. 342. By Mr. G. L. Thompson.—Amending section 50, insanity law, by increasing the salaries of various employees of State hospitals and creating certain new positions.

Passed both houses. Still in the hands of Governor, April 26, 1917. Later: Signed by Governor, becoming chapter 286.

No. 1168. By Mr. G. L. Thompson.—Amending section 85 of the insanity law by increasing from five dollars to six dollars per day the maximum compensation of special agents of the State Hospital Commission, excepting the agent in charge of collections in New York City. (Same as Assembly Bill 1516 which was substituted.)

On order of third reading April 26, 1917. Later: Passed both houses. Signed by Governor, becoming chapter 355.

No. 1169. By Mr. G. L. Thompson.—Amending section 94 of the insanity law by increasing from six months to one year the maximum period for which a State hospital superintendent may parole a patient. (Same as Assembly Bill 1517 which was substituted.)

On order of third reading April 26, 1917. Later: Passed both houses. Signed by Governor, becoming chapter 335.

No. 1206. By Mr. Whitney.—Amending sections 372 and 373, public health law, by providing that each State hospital, charitable or penal institution shall constitute a primary registration district for vital statistics and that the superintendent or person in charge of the institution shall be the registrar of the district.

Referred to the Committee on Public Health.

No. 1257. By Mr. Hill.—Authorizing the city of Binghamton to construct a sewer to connect with the sewer of the Binghamton State Hospital.

Referred to Cities Committee.

No. 1308. By Mr. G. L. Thompson.—Amending section 95 of the insanity law by providing that suitable clothing must be furnished patients paroled from State hospitals the same as in the case of patients discharged. (Same as Assembly Bill 1694, which was substituted.)

On order of third reading April 26, 1917. Later: Passed both houses. Signed by Governor, becoming chapter 320.

No. 1429. By Mr. G. L. Thompson.—Authorizing the payment of compensation to certain employees at State hospitals for extra services rendered to the superintendents in carrying out the provisions of chapter 26, Laws of 1902, which imposes upon the superintendents the duties of treasurer. (Same as Assembly Bill 1700.)

Referred to Finance Committee; on order of third reading April 26, 1917.

IN ASSEMBLY

No. 572. By Mr. Chace.—Amending subdivision 1, section 82, Insanity Law, by requiring a copy of papers on proceedings to determine the question of insanity to be filed in the office of the county clerk where the insane person resides; providing that when an insane person is transferred from one institution to another the copy of the record of transfer shall be filed with the county clerk where the commitment order was filed, and making certain changes relative to commitment of an unknown person.

Referred to Public Health Committee.

No. 1123. By Mr. Youker.—Requiring the State Hospital Commission to adopt and report to the Legislature in January, 1918, a general plan of hospital development, a specific plan to provide for the present surplus of patients and a comprehensive plan for development to stated capacity

of each hospital, together with estimates of probable costs. Copy thereof must be filed with the clerks of the Senate Finance Committee and the Assembly Ways and Means Committee by December 1, 1917. The committee must hold public hearings before adopting such plan.

Referred to Ways and Means Committee.

No. 1317. By Mr. Wells.—Transferring jurisdiction and control of the property at Creedmoor, Long Island, formerly used as a rifle range, to the Armory Commission, to be used by the National Guard as a rifle range or for other training purposes. Occupants of buildings on the premises are to vacate within ninety days after the act takes effect.

Referred to Ways and Means Committee.

No. 1436. By Mr. Meyer.—Amending section 2342, Code of Civil procedure, by providing that the cost of proceedings instituted by a special guardian of an incompetent appointed to prosecute proceedings against the committee of such incompetent, must in every instance be fixed by the court to be paid out of the incompetent's estate, if any.

Referred to Codes Committee.

No. 1707. By Mr. Davis.—Adding new section 42-a to State Finance Law, providing that during a state of war any State department, board or officer having jurisdiction over the administration of a State institution may, with the approval of the Governor and State Comptroller, loan to the United States or State governments, or any relief or preparedness organization, such accommodations or supplies of the institution as is practicable, including labor of inmates or employees.

Referred to Ways and Means Committee.

APPROPRIATIONS FOR THE STATE HOSPITAL DEPARTMENT

GENERAL APPROPRIATION BILL, 1917-1918

Office of the Commission

Personal service

Administration

General	\$42,850 00	
Bureau of Statistics.....	5,950 00	
Audit Bureau.....	13,300 00	
Collections Bureau.....	11,300 00	
Bureau of Treasurer.....	11,000 00	
Bureau of Deportation.....	13,900 00	
Purchasing Committee.....	7,964 00	
Psychiatric Institute.....	27,708 00	
New York City Office.....	1,200 00	
		<hr/>
Total, personal service.....	\$135,172 00	
Maintenance and operation.....	51,684 00	
		<hr/>
Total for administration.....	\$186,856 00	

For State Hospitals

(See Table, page 336)

Maintenance

Personal service.....	\$3,442,704 45	
Maintenance and operation....	4,677,672 00	
		<hr/>
Total for maintenance.....	\$8,120,376 45	
Repairs	158,200 00	
Construction or permanent betterments.....	894,460 00	
		<hr/>
Total for State hospitals.....	\$9,173,036 45	
		<hr/>
Total for Department for 1917-1918....	\$9,359,892 45	

APPROPRIATIONS FOR STATE HOSPITALS FOR 1917-1918
GENERAL APPROPRIATION BILL

STATE HOSPITAL	Total	Personal service	Maintenance and operation	Repairs	Construction or permanent betterments
Binghamton	\$ 655,294 00	\$ 256,594 00	\$ 352,100 00	\$ 28,800 00	\$ 17,800 00
Brooklyn	802,823 41	128,388 41	142,225 00	7,800 00	524,410 00
Buffalo	521,571 33	213,271 33	289,200 00	4,500 00	14,600 00
Central Islip	1,204,209 19	461,959 19	627,475 00	11,500 00	103,275 00
Gowanda	300,553 00	129,946 00	165,607 00	5,000 00	
Hudson River	865,781 00	328,631 00	490,950 00	7,200 00	39,000 00
Kings Park	1,044,898 99	425,178 99	579,820 00	20,000 00	19,900 00
Manhattan	1,334,820 33	468,020 33	717,800 00	26,000 00	123,000 00
Middleton	539,085 03	217,985 03	289,300 00	18,800 00	13,000 00
Rochester	416,143 33	162,560 33	225,783 00	4,800 00	23,000 00
St. Lawrence	525,458 84	217,488 84	288,595 00	6,300 00	13,075 00
Utica	389,163 00	179,846 00	200,317 00	9,000 00	
Willard	573,235 00	252,835 00	308,500 00	8,500 00	3,400 00
Total	\$9,173,036 45	\$3,442,704 45	\$4,677,672 00	\$158,200 00	\$894,460 00

DEFICIENCY APPROPRIATIONS FOR 1916-1917

State Hospital

Binghamton.....	\$ 392 67
Brooklyn	131 25
Buffalo	124 33
Central Islip.....	439 60
Gowanda.....	1,127 00
Hudson River.....	178 00
Kings Park.....	582 00
Manhattan	160 00
Middletown.....	976 39
Rochester.....	96 33
St. Lawrence.....	821 34
Utica.....	266 67
Willard	478 00
Total.....	\$5,773 58

CHAPTER 45, LAWS OF 1917

Appropriations for State Hospital Department for use in 1916-1917.

State Hospital Commission:

For transfer and removal of patients..... \$10,000 00

State Hospitals:

Binghamton:

Maintenance.....	\$29,100 00	
Construction and permanent better- ments.....	5,000 00	34,000 00

Brooklyn:

Maintenance.....	\$25,600 00	
Construction and permanent better- ments.....	15,000 00	40,600 00

Buffalo:

Maintenance.....	58,150 00	
------------------	-----------	--

Central Islip:

Maintenance.....	98,200 00	
------------------	-----------	--

Gowanda:

Maintenance.....	31,150 00	
------------------	-----------	--

Hudson River:

Maintenance.....	72,000 00	
------------------	-----------	--

Kings Park:

Maintenance..... \$50,750 00

Construction and permanent better-
ments..... 16,000 0066,750 00**Manhattan:**

Maintenance..... 76,900 00

Middletown:

Maintenance..... 49,200 00

Rochester:

Maintenance..... 37,500 00

St. Lawrence:

Maintenance..... 24,345 00

Utica:

Maintenance..... 13,700 00

Willard:

Maintenance..... 44,400 00

Total..... \$656,998 00

CHAPTER 238, LAWS OF 1917**For construction and equipment of new building at**

Middletown State Hospital..... \$100,000 00

GENERAL STATISTICAL INFORMATION RELATING TO
THE INSANE AND THE MANAGEMENT OF THE
STATE HOSPITALS

CENSUS OF APRIL 1, 1917

1. Patient population:

State hospitals, including paroles.....	35,882
State hospitals, excluding paroles.....	34,361
Institutions for criminal insane.....	1,426
Private licensed institutions.....	995

Total, including paroles.....	38,303
-------------------------------	--------

Average daily population of State hospitals since July 1, 1916.....	35,631
---	--------

Average daily number on parole since July 1, 1916.....	1,500
--	-------

Patients on parole at end of quarter....	1,531
--	-------

2. Capacity and overcrowding:

Capacity of civil State hospitals.....	27,890
--	--------

Overcrowding, excluding paroles:

Number	6,451
--------------	-------

Per cent.....	23.1
---------------	------

3. Medical service in civil State hospitals:

Superintendents	11
Assistant superintendent	1
First assistant physicians.....	15
Senior assistant physicians.....	52
Assistant physicians.....	61
Women physicians.....	18
Medical internes.....	23

Total.....	181
------------	-----

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 190
---	----------

Excluding superintendents.....	1 to 203
--------------------------------	----------

Excluding superintendents and internes	1 to 235
--	----------

4. Employees:

Average number of employees in civil State hospitals, during March, 1917.....	6,082
---	-------

Ratio of employees to patients.....	1 to 5.65
-------------------------------------	-----------

**SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING MARCH 31, 1917**

	Total	Jan.	Feb.	Mar.
Aliens deported to other countries:				
U. S. Immigration service	4	4	..	..
Expense of State .....	..	..	..	..
Expense of friends	6	1	2	3
Total	10	5	2	3
Non-residents returned to other States:				
Expense of State	27	1	..	26
Expense of friends	56	14	14	28
Total	83	15	14	54
Total aliens deported and non-residents re- turned	93	20	16	57

MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE THREE MONTHS ENDING MARCH 31, 1917, AS
REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING ON MARCH 31, 1917

HOSPITAL	Census January 1, 1917	ADMISSIONS				DISCHARGES							OVER-CROWDING				
		First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census March 31, 1917	Certified Capacity	Number	Per cent
Binghamton.....	2,148	54	20	41	115	18	5	7	6	1	44	2	77	2,486	2,110	321	15.2
Brooklyn.....	890	134	18	2	154	30	8	11	1	1	82	3	131	912	637	213	36.6
Buffalo.....	2,252	111	32	6	149	30	9	15	1	3	53	4	115	2,286	1,704	487	28.6
Central Islip.....	5,205	368	73	28	469	67	35	34	8	4	148	67	363	5,311	4,017	882	22.0
Gowanda.....	1,284	43	14	1	58	6	2	10	5	..	35	1	59	1,283	998	247	24.7
Hudson River.....	3,472	120	36	6	162	44	20	9	12	1	89	1	176	3,458	2,800	531	19.0
Kings Park.....	4,505	195	66	22	283	52	36	26	11	2	146	2	275	4,513	3,397	959	28.2
Manhattan.....	5,305	438	96	30	564	27	17	18	20	2	256	53	393	5,476	3,699	1,537	41.6
Middletown.....	2,215	41	20	2	63	22	5	8	5	1	38	1	80	2,198	1,985	137	6.9
Rochester.....	1,729	73	24	2	99	23	13	20	3	..	60	1	120	1,708	1,298	320	24.6
St. Lawrence.....	2,229	57	23	3	83	24	7	14	10	4	56	3	117	2,195	1,848	275	14.9
Utica.....	1,696	102	17	3	122	28	6	17	7	3	40	3	104	1,714	1,382	212	17.5
Willard.....	2,368	41	21	26	88	24	2	13	3	..	67	..	114	2,312	2,015	270	13.4
Total.....	35,607	1,777	460	172	2,409	395	170	202	91	22	1,114	140	2,134	35,882	27,890	6,451	23.1

VOL. II

AUGUST, 1917

No. 4

THE STATE HOSPITAL QUARTERLY

HORATIO M. POLLOCK, Ph. D., Editor

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ANDREW D. MORGAN, } Commissioners
FREDERICK A. HIGGINS, }

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INSANE, FEEBLEMINDED, EPILEPTICS, INEBRIATES AND DRUG ADDICTS IN INSTITUTIONS IN THE UNITED STATES, JANUARY 1, 1917*

HORATIO M. POLLOCK, PH. D.,

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National Committee for Mental Hygiene.

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In order to ascertain the extent of institutional care of the insane, feeble-minded, epileptics, inebriates and drug addicts in the several States of the Union, the National Committee for Mental Hygiene took a census on January 1, 1917, of the patient population of the institutions caring for these classes throughout the country. Responses were promptly received from most of the institutions. Those not replying to the first request were appealed to a second or third time, and the data with respect to State institutions were thus finally made complete. More difficulty was experienced in securing the census of private institutions and the figures relating to such institutions are necessarily somewhat deficient. It is believed, however, that the number of patients in private institutions concerning which we have no record is comparatively small and consequently would but slightly affect the totals and ratios given in the tables.

The institutions represented in the tables, which comprise practically all those in the country caring for the classes enumerated except almshouses, jails, reformatories and penal institutions, may be classified as follows:

1. Number of institutions represented	571
a. Public.	346
b. Private	225
2. Public institutions for insane:	
a. State hospitals	156
b. County or city institutions (not including those for temporary care.....)	109
c. Institutions for temporary care).....	17
3. State institutions for feeble-minded.....	32
4. State institutions for feeble-minded and epileptics..	6
5. State institutions for epileptics.....	11
6. State institutions for inebriates and drug addicts...	4

* Reprinted from *Mental Hygiene*, July, 1917.

7. Private institutions:

<i>a.</i> Having insane only	48
<i>b.</i> Having feeble-minded only	30
<i>c.</i> Having epileptics only	4
<i>d.</i> Having inebriates and drug addicts only.	23
<i>e.</i> Having more than one of these classes	120

CENSUS OF PUBLIC AND PRIVATE INSTITUTIONS

(See Table I, pages 354-357.)

INSANE

The census shows that there were 234,055 insane patients under treatment in institutions in the United States on January 1, 1917. Of these, 225,824 were in public institutions and 8,231 in private hospitals. Of those in public institutions, 203,206 were cared for in State hospitals, 21,857 in county or city institutions, and 761 in institutions for temporary care.

Every State in the Union has one or more State hospitals for the care of the insane; in all but eight States the care of the insane is exclusively a State function. In these eight States, viz.: Indiana, Iowa, Michigan, Missouri, New Jersey, Pennsylvania, Tennessee and Wisconsin, the burden of the insane is in part borne by the cities or counties. Wisconsin is the only State in which the number of the insane under county care exceeds the number under State care.

The institutions for temporary care are either psychopathic hospitals or psychopathic wards in general hospitals. These institutions represent a comparatively new feature in the treatment of the insane and are found in but nine States, viz.: California, Colorado, Illinois, Louisiana, Massachusetts, Michigan, New York, Ohio and Pennsylvania.

Private institutions for the care of the insane are found in thirty States. In most States the number under treatment in these institutions is very small compared with the number found in public institutions.

The following summary gives the number and per cent distribution of the patients cared for in each kind of institution:

Insane in Institutions, 1917.

	Number	Per cent
Public institutions.....	225,824	96.5
State hospitals	203,206	86.9
County and city institutions.....	21,857	9.3
Institutions for temporary care.....	761	0.3
Private institutions.....	8,231	3.5
Total	234,055	100.0

FEEBLEMINDED

It is generally estimated that the total number of the feeble-minded in the country exceeds that of the insane, but much greater institutional provision for the latter class is found in every State of the Union.

The census shows a total of 37,220 feeble-minded persons in institutions throughout the country. Of these, 34,404 were in public institutions and 2,816 in private institutions. State institutions were caring for 31,361 and other public institutions, for 3,043. Alabama, Florida, Georgia and Nevada make no public provision for the care of the feeble-minded, and eleven other States publicly care for less than 100 each.

Feeble-minded cases are found in private institutions in twenty-eight States but in only four States does the number thus cared for reach 100.

A summary of the distribution of the feeble-minded cases in institutions is shown in the following tabulation:

Feeble-minded in Institutions, 1917

	Number	Per cent
Public institutions.....	34,404	92.4
State.....	31,361	84.3
Other	3,043	8.1
Private institutions.....	2,816	7.6
Total	37,220	100.0

EPILEPTICS

The epileptics enumerated, which did not include those insane or feeble-minded, totaled 10,801. Of these, 10,394 were cared for in public institutions and 407 in private in-

stitutions. State institutions, proper, provided for 9,935 cases and other public institutions for 459. No public provision is made for this class of epileptics in Alabama, Florida, Georgia, Maryland, Montana, Nevada, New Hampshire, Rhode Island, Vermont and Washington.

Epileptics are cared for in private institutions in twenty-one States, but in only one State does the number of cases in such institutions exceed 100.

The following is a summary of the distribution of epileptics in institutions:

Epileptics in Institutions, 1917

	Number	Per cent
Public institutions	10,394	96.2
State.....	9,935	92.0
Other	459	4.2
Private institutions.....	407	3.8
Total	10,801	100.0

INEBRIATES AND DRUG ADDICTS

The census showed a total of 4,891 inebriates and drug addicts receiving institutional care. Of these, 3,991 were in public institutions and 900 in private institutions. There were 3,086 in State institutions and 905 in other public institutions. No inmates of these classes were enumerated in public institutions in Alabama, Delaware, Florida, Maryland, Nevada, New Hampshire, Rhode Island, South Dakota, Texas, Utah and Washington. The extent of private care of alcoholic and drug cases throughout the country is also very meager. In New Jersey 203 cases were reported in private institutions; in every other State, the number was less than 100.

The distribution of these classes in institutions may be summarized as follows:

Inebriates and Drug Addicts in Institutions, 1917

	Number	Per cent
Public institutions.....	3,991	81.6
State.....	3,086	63.1
Other.....	905	18.5
Private institutions.....	900	18.4
Total	4,891	100.0

INCREASE OF INSANE IN INSTITUTIONS COMPARED WITH INCREASE OF THE GENERAL POPULATION

(See Table II, pages 358-359.)

According to estimates of the Federal Census Bureau, the population of the United States increased from 91,972,266 on April 15, 1910, to 102,826,309 on January 1, 1917, an increase of 11.80 per cent. The insane in institutions according to the Federal census of January 1, 1910 and the census of the National Committee for Mental Hygiene of January 1, 1917, increased from 187,791 to 234,055, an increase of 24.64 per cent. The increase of the insane in institutions was relatively greater than that of the general population in every State except Arizona, Kansas, Mississippi, Nevada and South Carolina. The States in which the disparity in increase was greatest were:

	Per cent of increase	
	General population	Insane in institutions
Arkansas.....	11.34	49.08
Florida.....	20.23	74.56
Illinois.....	9.84	27.38
Indiana.....	4.64	27.44
Maryland.....	5.63	25.31
Missouri.....	3.85	21.79
Nebraska.....	7.17	24.87
New Hampshire.....	2.99	20.79
North Carolina.....	9.62	36.64
Oklahoma.....	35.53	148.47

The differences in rate of increase of the general population and of the insane may be due to several causes, namely: (1) Marked additional institutional provision for the insane has been made in some of the States; this has caused the commitment to institutions of many cases formerly cared for in homes; (2) As institutions for the insane improve they become less dreaded by the public and more mild cases are admitted; (3) Laws permitting voluntary admission to institutions have been passed in several States; (4) There is a continual accumulation of chronic cases in the hospitals; (5) As the insanity rate is higher in cities than in rural districts, the rapid growth of cities becomes a factor

in increasing such rate. Why these causes should produce wide differences in rate of increase in the several States can be explained only by a study of local conditions, which would include the composition of the population with respect to sex, age, race and nativity; the environment, habits, customs and occupations of the people; and the laws of the States relating to physical and mental diseases.

INSANE IN INSTITUTIONS BY DIVISIONS AND STATES 1910 AND 1917

(See Table III, page 360.)

Table III gives a comparison of the insane in institutions by divisions and States in 1910 and in 1917. A marked increase in the number of patients is noted in each division although wide variations in the rate appear. The New England division continues to rank first in the number of insane in institutions per 100,000 of population and the Middle Atlantic division second. Massachusetts ranks first among the States and New York second.

The following tabulation compares the number of patients per 100,000 of population in the several divisions at the two census periods:

Insane in Institutions in the Several Divisions of the United States per 100,000 of Population 1910 and 1917

Division	Rank in both periods	Number per 100,000 1910	1917
New England.....	1	298.8	326.7
Middle Atlantic.....	2	271.2	296.9
East North Central.....	4	226.0	251.1
West North Central.....	5	194.9	219.8
South Atlantic.....	6	163.6	185.0
East South Central.....	8	116.0	124.9
West South Central.....	9	95.8	116.1
Mountain.....	7	135.7	148.8
Pacific....	3	243.4	283.8

The most rapid increase in patients per 100,000 of population is found in the Pacific division and the slowest, in the East South Central division.

The District of Columbia has relatively a higher rate

of insane under treatment than any of the States, as the government institution, known as St. Elizabeth's Hospital, admits patients from the army and navy as well as residents of the district.

The insane in institutions in the United States as a whole increased from 204.2 to 227.6 per 100,000 of population during the seven-year period.

COMPARISON OF CENSUSES OF 1890, 1904, 1910 AND 1917

(See Table IV, page 362-363.)

Between the Federal census of 1890 and the census of the National Committee for Mental Hygiene of 1917, 26 years and 7 months elapsed. The increase of insane per 100,000 of general population during this period was 57.6 or 2.2 per year. During the period from 1890 to 1904 the increase was 13.6 or 1 per year; from 1904 to 1910, 20.6 or 3.4 per year and from 1910 to 1917, 23.4 or 3.3 per year. The rate of increase of the insane in institutions since 1904, therefore, has been over three times as rapid as it was during the 14 years preceding 1904. No acceleration of the rate, however, has taken place during the past seven years. The rates of increase in the several States during these periods vary widely. The following are a few notable examples:

Yearly Rate of Increase of Insane in Institutions per 100,000 of Population

	From 1890 to 1917	From 1890 to 1904	From 1904 to 1910	From 1910 to 1917
California	0.59	0.50	—6.03	6.45
Connecticut.....	2.16	0.91	5.53	1.71
Illinois.....	3.39	1.03	6.66	5.18
Maine.....	—0.14	—5.31	7.53	3.31
Maryland.....	5.15	3.40	7.40	6.61
Massachusetts.....	3.89	1.16	9.36	4.50
Michigan.....	2.32	2.50	4.41	0.21
New York	2.63	2.36	2.25	3.50
Ohio.....	1.14	—0.74	4.21	2.18
Washington	3.86	3.63	2.63	5.35
Wisconsin.....	3.95	1.74	8.36	4.45

To account for such marked variations would require a most careful study of local conditions and of changes in

population in the several States. The irregularity in making additional provision for the insane in the several States explains the variations in part, but why marked decreases should be followed by increases of like magnitude is not clear.

Insane in State Hospitals

(See Table V, page 364.)

Table V shows the number of State hospitals in each State, the number of insane patients cared for therein on January 1, 1917, and the average number per hospital. Although there are 156 State hospitals for the insane housing 203,206 patients, or an average of 1,303 per hospital. New York has 15 State hospitals with an average of 2,451 patients per hospital; Massachusetts has 12, with an average of 1,138 patients; Illinois and Ohio each have 8, with an average of 2,013 and 1,514 patients respectively; Pennsylvania has 7, with an average of 1,360 patients; of the other States, 2 have 6 each; 3, 5 each; 5, 4 each; 8, 3 each; 9, 2 each; and 16, 1 each.

In 1910 there were 143 State hospitals with a total patient population of 159,096, or an average per hospital of 1,113. The data for 1917 with respects to State hospitals therefore show an increase of 13 institutions, and 44,110 patients. The average patient population per State hospital has increased 190 since 1910.

Increase of Feeble-minded in Institutions

(See Table VI, page 365.)

That the movement for more adequate provision for the feeble-minded in institutions is bearing fruit is clearly shown by Table VI. The feeble-minded in institutions in the United States increased from 20,731 to 37,220, or 79.54 per cent, during the 7-year period from January 1, 1910, to January 1, 1917. In 1910, 17 States reported no feeble-minded in institutions; in 1917, all but four States were making some institutional provision for this class. In 1910 the Federal Census Bureau estimated that not over one-tenth of the feeble-minded in the United States were being cared

for in institutions. On the same basis and assuming that the increase in feeble-minded has been at the same rate as the general population, there is now about one-sixth of the total feeble-minded population in institutions.

This brief review of the insane and feeble-minded in institutions indicates that marked progress is being made in caring for these classes of unfortunates. The number of institutions is rapidly increasing and the number of patients is mounting higher and higher. Institutions are also being much better constructed and methods of treatment are becoming more enlightened. The number of insane and feeble-minded at large with the evils associated therewith is consequently lessening.

TABLE I

INSANE, FEEBLEMINDED, EPILEPTICS, INEBRIATES AND DRUG ADDICTS IN INSTITUTIONS IN THE SEVERAL STATES OF THE UNION, ON JANUARY 1, 1917

STATE	INSANE				FEEBLEMINDED						
	Total	Public			Private	Total	Public			Private	
		Total	State hospitals	County or city institutions			Institutions for temporary care	Total	State institutions		Other institutions
United States.....	231,055	225,824	203,206	21,857	761	8,231	37,220	34,404	31,361	3,043	2,816
Alabama.....	2,341	2,341	2,341	.....	.....	.....	.....	.....	.....	.....	.....
Arizona.....	411	411	411	.....	.....	.....	50	50	50	.....	.....
Arkansas.....	1,628	1,628	1,628	.....	.....	.....	165	165	165	.....	.....
California.....	9,698	9,558	9,532	.....	26	140	1,294	1,265	1,262	3	29
Colorado.....	1,613	1,515	1,493	4	18	98	224	211	208	3	13
Connecticut.....	4,180	3,846	3,846	.....	.....	334	438	432	432	.....	6
Delaware.....	484	484	484	.....	.....	.....	30	30	30	.....	.....
District of Columbia.....	3,082	3,082	3,058	.....	24	.....	143	143	140	3	.....
Florida.....	1,482	1,482	1,482	.....	.....	.....	.....	.....	.....	.....	.....
Georgia.....	4,062	4,009	4,009	.....	.....	53	4	.....	.....	.....	.....
Idaho.....	540	540	540	.....	.....	.....	61	61	61	.....	4
Illinois.....	16,351	16,272	16,101	.....	168	.....	61	2,225	2,224	1	80
Indiana.....	5,769	5,746	5,496	250	.....	23	1,523	1,523	1,523	.....	.....
Iowa.....	6,367	5,684	4,784	900	.....	683	1,772	1,709	1,499	210	63
Kansas.....	3,157	3,108	3,108	.....	.....	49	1,053	1,050	1,050	.....	3
Kentucky.....	4,348	4,328	4,328	.....	.....	20	504	421	421	.....	83
Louisiana.....	2,552	2,399	2,326	.....	73	153	128	105	100	5	23
Maine.....	1,493	1,481	1,481	.....	.....	12	376	376	376	.....	.....
Maryland.....	4,035	2,992	2,992	.....	.....	1,043	708	688	688	.....	20
Massachusetts.....	14,096	13,750	13,654	.....	96	346	3,213	3,129	3,129	.....	84
Michigan.....	7,377	7,294	6,493	741	60	83	1,632	1,596	1,590	6	36
Minnesota.....	5,857	5,830	5,830	.....	.....	* 27	1,372	1,336	1,336	.....	36
Mississippi.....	2,024	2,024	2,024	.....	.....	.....	154	154	154	.....	.....
Missouri.....	7,512	7,061	4,792	2,269	.....	451	633	574	444	130	59

TABLE I—Continued

INSANE; FEEBLEMINDED, EPILEPTICS, INEBRIATES AND DRUG ADDICTS IN INSTITUTIONS IN THE SEVERAL STATES
OF THE UNION ON JANUARY 1, 1917

STATE	INSANE					FEEBLEMINDED			
	Total	Public				Total	Public		
		Total	State hospitals	County or city institutions	Institutions for temporary care		Total	State institutions	Other institutions
Montana.....	1,083	1,083	1,083	....	....	83	83	83	....
Nebraska.....	2,485	2,446	2,446	....	....	551	538	538	13
Nevada.....	244	244	244	....	....	....	....	....	....
New Hampshire.....	1,098	1,098	1,098	....	....	374	374	374	....
New Jersey.....	7,592	7,538	4,326	3,212	....	1,298	706	564	592
New Mexico.....	302	302	302	....	....	5	5	5	....
New York.....	38,117	36,894	36,761	....	133	5,525	5,321	3,311	2,010
North Carolina.....	3,416	3,401	3,404	....	....	205	201	201	4
North Dakota.....	1,079	1,079	1,079	....	....	276	276	276	....
Ohio.....	12,307	12,134	12,108	....	26	2,199	2,184	2,184	15
Oklahoma.....	2,758	2,740	2,740	....	....	708	704	704	4
Oregon.....	2,309	2,112	2,112	....	....	372	335	335	37
Pennsylvania.....	19,436	17,582	9,522	7,923	137	4,361	3,227	2,925	1,134
Rhode Island.....	1,565	1,423	1,423	....	....	244	241	241	3
South Carolina.....	1,642	1,642	1,642	....	....	139	139	139	....
South Dakota.....	1,059	1,059	1,059	....	....	317	317	317	....
Tennessee.....	2,518	2,493	2,216	277	....	27	11	....	16
Texas.....	5,033	4,880	4,880	....	....	77	50	50	27
Utah.....	474	474	474	....	....	66	66	66	....
Vermont.....	1,110	668	668	....	....	66	66	66	....
Virginia.....	4,398	4,398	4,398	....	....	59	59	59	10
Washington.....	3,312	3,303	3,303	....	....	353	257	257	96
West Virginia.....	2,127	2,127	2,127	....	....	550	550	550	....
Wisconsin.....	7,879	7,616	1,335	6,281	....	98	98	98	....
Wyoming.....	220	220	220	....	....	1,477	1,355	1,138	122
						64	64	64	....

TABLE I—Continued
 INSANE, FEEBLEMINDED, EPILEPTICS, INEBRIATES AND DRUG ADDICTS IN INSTITUTIONS IN THE SEVERAL STATES
 OF THE UNION ON JANUARY 1, 1917

STATE	Epileptics not included among insane or feeble-minded					Inebriates and drug addicts				
	Total	Public			Private	Total	Public			Private
		Total	State institutions	Other institutions			Total	State institutions	Other institutions	
United States.....	10,801	10,394	9,935	459	407	4,891	3,991	3,086	905	900
Alabama.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Arizona.....	16	16	16	.....	.....	5	5	5	.....	.....
Arkansas.....	212	212	212	.....	.....	22	22	22	.....	.....
California.....	15	10	8	2	5	362	338	322	16	24
Colorado.....	140	133	133	.....	7	19	5	.....	5	14
Connecticut.....	105	97	97	.....	8	157	111	111	.....	46
Delaware.....	5	5	5	.....	.....	.....	.....	.....	.....	.....
District of Columbia.....	15	15	7	8	.....	40	40	10	30	.....
Florida.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Georgia.....	3	.....	.....	.....	3	16	3	3	.....	13
Idaho.....	40	40	40	.....	.....	2	2	2	.....	.....
Illinois.....	128	118	117	1	10	827	731	731	.....	96
Indiana.....	416	415	415	.....	.....	46	29	29	.....	17
Iowa.....	57	41	1	40	16	247	243	195	48	4
Kansas.....	622	622	622	.....	.....	324	320	320	.....	4
Kentucky.....	301	300	300	.....	1	54	50	50	.....	4
Louisiana.....	125	115	110	5	10	15	6	.....	6	9
Maine.....	33	33	33	.....	..	51	47	47	.....	4
Maryland.....	33	.....	.....	.....	33	33	.....	.....	.....	33
Massachusetts.....	1,069	1,007	1,007	.....	62	344	280	280	.....	64
Michigan.....	358	354	346	8	4	89	72	57	15	17
Minnesota.....	379	379	379	.....	.....	147	141	141	.....	6
Mississippi.....	76	76	76	.....	.....	14	14	14	.....	.....
Missouri.....	364	315	265	50	49	63	47	10	37	16

TABLE I—Continued
 INSANE, FEEBLEMINDED, EPILEPTICS, INEBRIATES AND DRUG ADDICTS IN INSTITUTIONS IN THE SEVERAL STATES
 OF THE UNION ON JANUARY 1, 1917

STATE	Epileptics not included among insane or feeble-minded					Inebriates and drug addicts				
	Total	Public			Private	Total	Public			Private
		Total	State institutions	Other institutions			Total	State institutions	Other institutions	
Montana.....	...	...	...	...	...	6	6	6	...	...
Nebraska.....	5	1	1	...	4	28	24	24	...	4
Nevada.....	...	...	...	...	...	...	...	...	...	...
New Hampshire.....	...	...	...	...	...	...	...	...	...	...
New Jersey.....	696	688	688	...	8	365	162	24	138	203
New Mexico.....	4	4	4	...	...	3	3	3	...	...
New York.....	1,575	1,568	1,543	25	7	357	264	2	262	93
North Carolina.....	211	210	210	...	1	20	1	1	...	19
North Dakota.....	7	7	7	...	...	4	4	4	...	...
Ohio.....	1,602	1,602	1,602	...	...	116	83	82	1	33
Oklahoma.....	143	143	143	...	...	289	286	286	...	3
Oregon.....	4	1	1	...	3	11	3	3	...	8
Pennsylvania.....	645	482	302	180	163	429	342	23	319	87
Rhode Island.....	...	...	...	...	...	2	...	...	...	2
South Carolina.....	188	188	188	...	...	13	6	6	...	7
South Dakota.....	2	2	2	...	...	...	...	...	...	...
Tennessee.....	2	2	...	2	...	30	3	1	2	27
Texas.....	514	510	510	...	4	23	...	...	...	23
Utah.....	12	12	12	...	...	...	...	...	...	...
Vermont.....	...	...	...	...	...	...	...	...	...	...
Virginia.....	314	314	314	...	...	81	70	70	...	11
Washington.....	...	...	...	...	...	53	53	53	...	...
West Virginia.....	204	204	204	...	...	3	...	...	...	3
Wisconsin.....	146	138	...	138	...	24	24	24	...	...
Wyoming.....	15	15	15	...	...	152	146	120	26	6
						5	5	5	...	...

TABLE II

COMPARISON BETWEEN INCREASE IN GENERAL POPULATION AND INCREASE IN INSANE IN INSTITUTIONS IN THE SEVERAL STATES OF THE UNION, FROM JANUARY 1, 1910 TO JANUARY 1, 1917

STATE	GENERAL POPULATION				INSANE			
	April 15, 1910	January 1, 1917*	Increase		January 1, 1910	January 1, 1917		
			Number	Per cent			Number	Per cent
United States.....	91,972,266	102,836,309	10,864,043	11.80	187,791	234,055	46,264	24.64
Alabama.....	2,138,093	2,348,973	210,180	9.83	2,039	2,341	302	14.81
Arizona.....	204,354	250,066	55,312	27.07	337	411	74	21.96
Arkansas.....	1,574,449	1,753,033	178,584	11.34	1,092	1,628	536	49.08
California.....	2,377,549	2,983,843	606,294	25.50	6,652	9,698	3,046	45.79
Colorado.....	749,024	975,190	176,166	22.05	1,193	1,613	414	34.53
Connecticut.....	1,114,756	1,234,926	140,170	12.57	3,579	4,180	601	16.79
Delaware.....	202,322	214,270	11,948	5.91	441	484	43	9.75
District of Columbia.....	331,069	366,631	35,562	10.74	2,890	3,082	192	6.64
Florida.....	752,619	904,839	152,220	20.23	849	1,482	633	74.56
Georgia.....	2,609,121	2,875,953	266,832	10.23	3,132	4,062	930	29.69
Idaho.....	325,594	436,881	111,287	34.18	388	540	152	39.18
Illinois.....	5,638,591	6,193,626	555,035	9.84	12,839	16,354	3,515	27.38
Indiana.....	2,700,876	2,826,154	125,278	4.64	4,527	5,769	1,242	27.44
Iowa.....	2,224,771	2,224,771			5,377	6,367	990	18.41
Kansas.....	1,690,949	1,840,707	149,758	8.86	2,912	3,157	245	8.41
Kentucky.....	2,289,905	2,386,866	96,961	4.23	3,538	4,348	810	22.89
Louisiana.....	1,656,388	1,843,042	186,654	11.27	2,158	2,532	374	18.26
Maine.....	742,371	774,914	32,543	4.38	1,258	1,493	235	18.68
Maryland.....	1,265,346	1,368,240	72,894	5.63	3,220	4,035	815	25.31
Massachusetts.....	3,366,416	3,747,564	381,148	11.32	11,691	14,096	2,405	21.51
Michigan.....	2,810,173	3,074,560	264,387	9.41	6,699	7,377	678	10.12
Minnesota.....	2,075,708	2,296,024	220,316	10.61	4,744	5,857	1,113	23.46
Mississippi.....	1,797,114	1,964,122	167,008	9.29	1,978	2,024	46	2.33
Missouri.....	3,293,335	3,420,143	126,808	3.85	6,168	7,512	1,344	21.79

* Estimates of the United States Census Bureau.

TABLE II.—Continued

COMPARISON BETWEEN INCREASE IN GENERAL POPULATION AND INCREASE IN INSANE IN INSTITUTIONS IN THE SEVERAL STATES OF THE UNION, FROM JANUARY 1, 1910 TO JANUARY 1, 1917

STATE	GENERAL POPULATION				INSANE			
	April 15, 1910	January 1, 1917*	Increase		January 1, 1910	January 1, 1917	Increase	
			Number	Per cent			Number	Per cent
Montana.....	376,053	466,214	90,161	23.98	637	1,083	386	55.38
Nebraska.....	1,192,214	1,277,750	85,536	7.17	1,990	2,485	495	24.87
Nevada.....	81,875	108,736	26,861	32.81	230	244	14	6.09
New Hampshire.....	430,552	443,467	12,895	2.99	909	1,008	189	20.79
New Jersey.....	2,537,167	2,981,105	443,938	17.50	6,012	7,592	1,550	25.65
New Mexico.....	327,301	416,966	89,665	27.40	2,119	302	83	37.90
New York.....	9,113,614	10,366,778	1,253,164	13.75	31,280	38,117	6,837	21.86
North Carolina.....	2,206,287	2,418,559	212,272	9.62	2,522	3,446	924	36.64
North Dakota.....	577,056	752,360	175,204	30.36	628	1,079	451	71.82
Ohio.....	4,767,121	5,181,220	414,099	8.69	10,594	12,397	1,713	16.17
Oklahoma.....	1,637,155	2,345,968	588,813	35.53	1,110	2,588	1,648	148.47
Oregon.....	7,665,111	8,591,029	925,918	12.08	15,058	19,436	4,344	29.07
Pennsylvania.....	542,610	620,090	77,480	14.28	1,243	1,565	322	25.91
Rhode Island.....	1,515,400	1,634,340	118,940	7.85	1,541	1,642	101	6.55
South Carolina.....	583,888	707,740	123,852	21.21	864	1,059	195	22.57
Tennessee.....	2,164,789	2,296,316	131,527	5.10	2,204	2,518	314	14.25
Texas.....	3,896,542	4,472,494	575,952	14.78	4,053	5,033	980	24.18
Utah.....	373,351	438,974	65,623	17.58	342	474	132	38.60
Vermont.....	355,956	364,322	8,366	2.35	990	1,110	120	12.12
Virginia.....	2,061,612	2,302,522	240,910	6.83	3,635	4,398	763	20.99
Washington.....	1,141,990	1,565,810	423,820	37.11	1,987	3,312	1,325	66.68
West Virginia.....	1,221,119	1,399,320	178,201	14.59	1,722	2,137	405	23.52
Wisconsin.....	2,333,860	2,513,758	179,898	7.71	6,587	7,879	1,292	19.61
Wyoming.....	145,965	182,264	36,299	24.87	162	220	58	35.80

* Estimates of the United States Census Bureau.

TABLE III

INSANE IN INSTITUTIONS IN THE UNITED STATES BY DIVISIONS
AND STATES, JANUARY 1, 1910 AND JANUARY 1, 1917

DIVISIONS AND STATES	NUMBER		RATE PER 100,000 OF GENERAL POPULATION	
	January 1, 1910	January 1, 1917	January 1, 1910	January 1, 1917
United States.....	187,791	294,055	204.2	227.6
<i>New England</i>	19,580	23,542	208.8	326.7
Maine.....	1,258	1,493	169.5	192.7
New Hampshire.....	909	1,098	211.1	247.6
Vermont.....	990	1,110	278.1	304.7
Massachusetts.....	11,601	14,096	344.6	376.1
Rhode Island.....	1,243	1,565	229.1	252.4
Connecticut.....	3,579	4,180	321.1	333.1
<i>Middle Atlantic</i>	52,380	65,145	271.2	296.9
New York.....	31,280	38,117	343.2	367.7
New Jersey.....	6,042	7,592	238.1	254.7
Pennsylvania.....	15,058	19,436	196.4	226.2
<i>East North Central</i>	41,246	49,686	226.0	251.1
Ohio.....	10,594	12,307	222.2	237.5
Indiana.....	4,527	5,769	167.6	204.1
Illinois.....	12,839	16,354	227.7	264.0
Michigan.....	6,699	7,377	238.4	239.9
Wisconsin.....	6,587	7,879	282.2	313.4
<i>West North Central</i>	22,683	27,516	194.9	219.8
Minnesota.....	4,744	5,857	228.5	255.1
Iowa.....	5,377	6,367	241.7	286.2
Missouri.....	6,168	7,512	187.3	219.6
North Dakota.....	628	1,079	108.8	143.4
South Dakota.....	864	1,059	148.0	149.6
Nebraska.....	1,090	2,485	166.9	194.5
Kansas.....	2,912	3,157	172.2	171.5
<i>South Atlantic</i>	19,952	24,758	163.6	185.0
Delaware.....	441	484	218.0	225.9
Maryland.....	3,220	4,035	248.6	294.9
District of Columbia.....	2,890	3,082	872.9	840.6
Virginia.....	3,635	4,398	176.3	199.7
West Virginia.....	1,722	2,127	141.0	152.0
North Carolina.....	2,522	3,446	114.3	142.5
South Carolina.....	1,541	1,642	101.7	100.5
Georgia.....	3,132	4,062	120.0	141.2
Florida.....	849	1,482	112.8	163.8
<i>East South Central</i>	9,759	11,231	116.0	124.9
Kentucky.....	3,538	4,348	154.5	182.2
Tennessee.....	2,204	2,518	100.9	109.7
Alabama.....	2,039	2,341	95.4	99.7
Mississippi.....	1,978	2,024	110.1	103.0
<i>West South Central</i>	8,413	11,971	95.8	116.1
Arkansas.....	1,092	1,628	69.4	92.9
Louisiana.....	2,158	2,552	130.3	138.5
Oklahoma.....	1,110	2,758	67.0	122.8
Texas.....	4,053	5,033	104.0	112.5
<i>Mountain</i>	3,574	4,887	135.7	148.8
Montana.....	697	1,083	185.3	232.3
Idaho.....	388	540	119.2	123.6
Wyoming.....	162	220	111.0	120.7
Colorado.....	1,190	1,613	150.1	165.4
New Mexico.....	219	302	66.9	72.4
Arizona.....	337	411	164.9	158.3
Utah.....	342	474	91.6	108.0
Nevada.....	230	244	280.9	224.4
<i>Pacific</i>	10,204	15,319	243.4	283.8
Washington.....	1,987	3,312	174.0	211.5
Oregon.....	1,565	2,309	232.6	272.0
California.....	6,652	9,698	279.8	325.0

INSANE IN INSTITUTIONS IN THE UNITED STATES, PER
100,000 OF POPULATION ON JANUARY 1, 1917

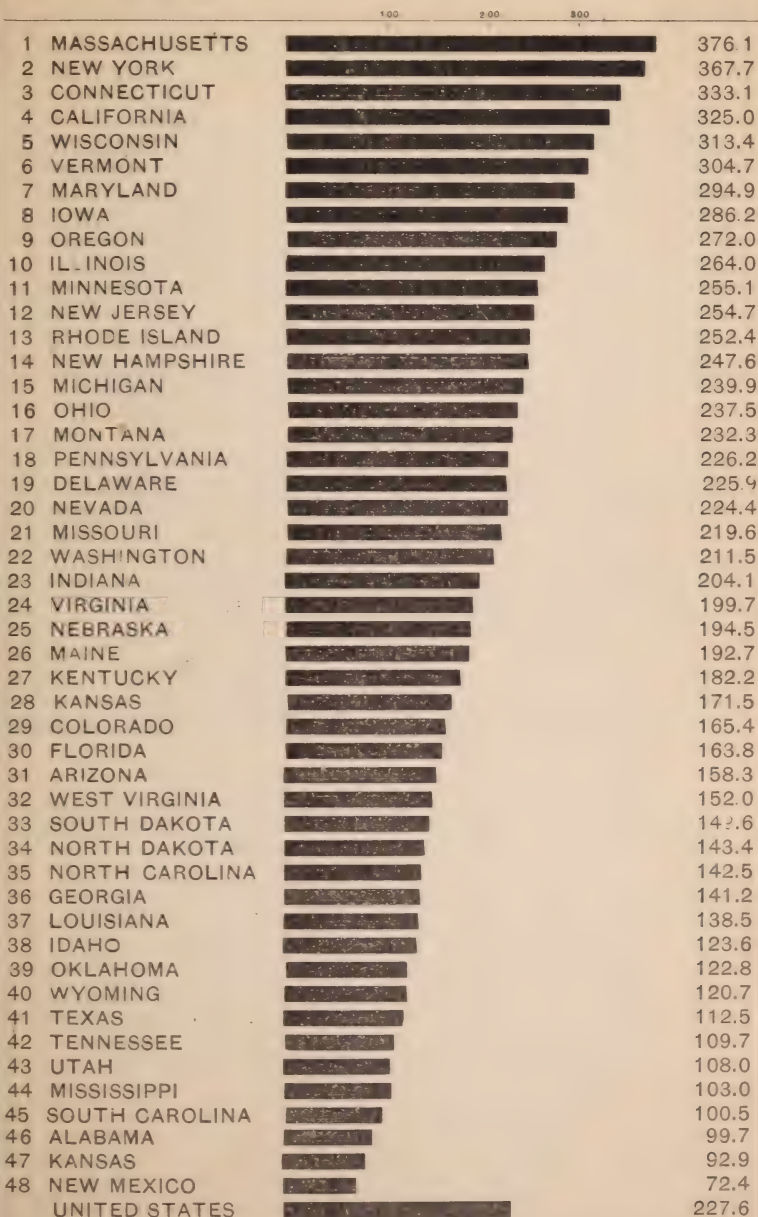


TABLE IV
NUMBER OF INSANE IN INSTITUTIONS IN THE UNITED STATES WITH RATES PER 100,000 OF GENERAL POPULATION
IN 1890, 1904, 1910 AND 1917

STATE	June 1, 1890		January 1, 1904		January 1, 1910		January 1, 1917	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
United States.....	106,485	170.0	150,151	183.6	187,791	204.2	234,055	227.6
Alabama.....	1,469	97.1	1,603	82.6	2,039	95.4	2,341	99.7
Arizona.....	64	107.3	221	146.9	337	164.9	411	158.3
Arkansas.....	790	70.0	667	47.4	1,092	69.4	1,628	92.9
California.....	3,736	309.2	5,717	316.0	6,652	279.8	9,698	325.0
Colorado.....	326	79.1	754	119.0	1,199	150.1	1,613	165.4
Connecticut.....	2,056	275.5	2,831	287.9	3,579	321.1	4,180	333.1
Delaware.....	197	116.9	353	184.7	441	218.0	481	225.9
District of Columbia.....	1,578	681.9	2,453	823.9	2,890	872.9	3,082	840.6
Florida.....	351	89.7	713	116.9	819	112.8	1,482	163.8
Georgia.....	1,815	98.8	2,839	120.4	3,132	120.0	4,062	141.2
Idaho.....	83	98.4	255	115.3	388	119.2	510	123.6
Illinois.....	6,641	173.6	9,607	187.7	12,839	227.7	16,354	264.0
Indiana.....	3,291	150.1	4,358	168.7	4,527	167.6	5,769	204.1
Iowa.....	3,197	167.2	4,385	196.7	5,377	241.7	6,367	286.2
Kansas.....	1,794	125.7	2,460	158.7	2,912	172.2	3,157	171.5
Kentucky.....	2,729	146.8	3,058	139.1	3,538	154.5	4,348	182.2
Louisiana.....	910	81.4	1,585	107.0	2,158	130.3	2,552	138.5
Maine.....	1,299	196.5	885	124.3	1,258	169.5	1,493	192.7
Maryland.....	1,646	157.9	2,505	204.2	3,220	248.6	4,035	294.9
Massachusetts.....	6,103	272.6	8,679	288.4	11,601	344.6	14,096	376.1
Michigan.....	3,725	177.9	5,430	211.9	6,699	238.4	7,377	239.9
Minnesota.....	2,205	169.4	4,070	217.8	4,741	228.5	5,857	255.1
Mississippi.....	1,104	85.6	1,493	91.0	1,978	110.1	2,024	103.0
Missouri.....	3,418	127.6	5,103	160.8	6,168	187.3	7,512	219.6

TABLE IV—Continued
 NUMBER OF INSANE IN INSTITUTIONS IN THE UNITED STATES WITH RATES PER 100,000 OF GENERAL POPULATION
 IN 1890, 1904, 1910 AND 1917

STATE	June 1, 1890		January 1, 1904		January 1, 1910		January 1, 1917	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Montana.....	192	145.3	543	186.3	697	185.3	1,083	232.3
Nebraska.....	932	88.0	1,536	138.1	1,990	166.9	2,485	194.5
Nevada.....	183	399.9	200	352.8	230	280.9	244	224.4
New Hampshire.....	961	255.2	496	118.5	909	211.1	1,098	247.6
New Jersey.....	3,163	218.9	4,865	229.4	6,012	238.1	7,592	254.7
New Mexico.....	66	43.0	113	46.5	219	66.9	302	72.4
New York.....	17,846	297.5	26,176	329.7	31,280	343.2	38,117	367.7
North Carolina.....	1,725	106.6	1,883	93.8	2,522	111.3	3,116	142.5
North Dakota.....	221	121.0	446	108.1	628	108.8	1,079	143.4
Ohio.....	7,600	207.0	8,621	196.9	10,594	222.2	12,307	237.5
Oklahoma.....	7	11.3	413	37.4	1,110	67.0	2,758	122.8
Oregon.....	640	204.0	1,285	253.2	1,565	232.6	2,309	272.0
Pennsylvania.....	8,482	161.3	11,521	169.5	15,058	196.4	19,436	226.2
Rhode Island.....	795	230.1	1,077	229.2	1,243	229.1	1,565	252.4
South Carolina.....	912	79.2	1,156	82.3	1,541	101.7	1,642	100.5
South Dakota.....	310	94.3	595	127.2	864	148.0	1,059	149.6
Tennessee.....	1,845	104.4	1,713	82.3	2,204	100.9	2,518	109.7
Texas.....	1,670	74.7	3,345	99.7	4,053	104.0	5,033	112.5
Utah.....	166	79.8	#344	110.3	342	91.6	474	108.0
Vermont.....	823	247.6	887	254.8	990	278.1	1,110	301.7
Virginia.....	2,407	145.4	3,137	162.6	3,635	176.3	4,398	199.7
Washington.....	380	108.8	1,178	158.2	1,987	174.0	3,312	211.5
West Virginia.....	1,079	141.5	1,475	139.9	1,722	141.0	2,127	152.0
Wisconsin.....	3,513	208.3	5,023	232.0	6,587	282.2	7,879	313.4
Wyoming.....	40	65.9	96	85.8	162	111.0	220	130.7

TABLE V

INSANE IN STATE HOSPITALS IN THE UNITED STATES ON
JANUARY 1, 1917

STATE	Number of State hospitals	NUMBER OF INSANE	
		Total	Average per State hospital
United States.....	156	203,206	1,303
Alabama.....	2	2,341	1,171
Arizona.....	1	411	411
Arkansas.....	1	1,628	1,628
California.....	6	9,532	1,589
Colorado.....	1	1,493	1,493
Connecticut.....	2	3,846	1,923
Delaware.....	1	484	484
District of Columbia.....	1	3,058	3,058
Florida.....	1	1,482	1,482
Georgia.....	1	4,009	4,009
Idaho.....	2	540	270
Illinois.....	8	16,104	2,013
Indiana.....	6	5,496	916
Iowa.....	5	4,784	957
Kansas.....	4	3,108	777
Kentucky.....	3	4,328	1,443
Louisiana.....	2	2,326	1,163
Maine.....	2	1,481	741
Maryland.....	4	2,992	748
Massachusetts.....	12	13,654	1,138
Michigan.....	5	6,493	1,299
Minnesota.....	5	5,830	1,166
Mississippi.....	2	2,024	1,012
Missouri.....	4	4,792	1,198
Montana.....	1	1,083	1,083
Nebraska.....	3	2,446	815
Nevada.....	1	244	244
New Hampshire.....	1	1,098	1,098
New Jersey.....	2	4,326	2,163
New Mexico.....	1	302	302
New York.....	15	36,761	2,451
North Carolina.....	4	3,404	851
North Dakota.....	1	1,079	1,079
Ohio.....	8	12,108	1,514
Oklahoma.....	3	2,740	913
Oregon.....	2	2,112	1,056
Pennsylvania.....	7	9,522	1,360
Rhode Island.....	1	1,423	1,423
South Carolina.....	1	1,642	1,642
South Dakota.....	2	1,059	530
Tennessee.....	3	2,216	739
Texas.....	3	4,880	1,627
Utah.....	1	474	474
Vermont.....	1	668	668
Virginia.....	4	4,398	1,100
Washington.....	3	3,303	1,101
West Virginia.....	3	2,127	709
Wisconsin.....	3	1,335	445
Wyoming.....	1	220	220

TABLE VI

COMPARISON BETWEEN FEEBLEMINDED IN INSTITUTIONS ON
JANUARY 1, 1910, AND JANUARY 1, 1917

STATE	January 1, 1910	January 1, 1917	INCREASE	
			Number	Per cent
United States.....	20,731	37,220	16,489	79.54
Alabama.....	.....	.....	.....	.....
Arizona.....	.....	50	50	.....
Arkansas.....	.....	165	165	.....
California.....	854	1,294	440	51.52
Colorado.....	64	224	160	250.00
Connecticut.....	294	438	144	48.98
Delaware.....	.....	30	30	.....
District of Columbia.....	.....	143	143	.....
Florida.....	.....	.....	.....	.....
Georgia.....	.....	4	4	.....
Idaho.....	.....	61	61	.....
Illinois.....	1,265	2,305	1,040	82.21
Indiana.....	1,135	1,523	388	34.19
Iowa.....	1,189	1,772	583	49.03
Kansas.....	420	1,053	633	150.71
Kentucky.....	283	504	221	78.09
Louisiana.....	.....	128	128	.....
Maine.....	62	376	314	506.45
Maryland.....	310	708	398	128.39
Massachusetts.....	1,464	3,213	1,749	119.47
Michigan.....	986	1,632	646	65.52
Minnesota.....	1,194	1,372	178	14.91
Mississippi.....	.....	154	154	.....
Missouri.....	512	633	121	23.63
Montana.....	51	83	32	62.75
Nebraska.....	446	551	105	23.54
Nevada.....	.....	.....	.....	.....
New Hampshire.....	144	374	230	159.72
New Jersey.....	640	1,298	658	102.81
New Mexico.....	.....	5	5	.....
New York.....	3,421	5,525	2,104	61.50
North Carolina.....	.....	205	205	.....
North Dakota.....	145	276	131	90.34
Ohio.....	1,526	2,199	673	44.10
Oklahoma.....	.....	708	708	.....
Oregon.....	.....	372	372	.....
Pennsylvania.....	2,705	4,361	1,656	61.22
Rhode Island.....	48	244	196	408.33
South Carolina.....	.....	139	139	.....
South Dakota.....	*	317	.....	.....
Tennessee.....	47	27	†20	†42.55
Texas.....	19	77	58	305.26
Utah.....	45	66	21	46.67
Vermont.....	.....	69	69	.....
Virginia.....	60	353	293	488.33
Washington.....	159	550	391	245.91
West Virginia.....	214	98	†116	†54.21
Wisconsin.....	1,029	1,477	448	43.54
Wyoming.....	.....	64	64	.....

* No reports

† Decrease

THE NEW IMMIGRATION LAW

BY SPENCER L. DAWES, M. D.,
Deputy Medical Examiner, Bureau of Deportation.

The new immigration law which passed both houses of Congress over the President's veto and became effective May 1, 1917, has attracted much attention, chiefly on account of the literacy test, while the far-reaching importance of its provisions as to mental defectives has been but little considered by the general public. While it is not my purpose to discuss any but the latter provisions, it might be stated that whatever we may think of the propriety of the literacy provision, competent observers believe that the latter will amount to little from a practical standpoint as a means of exclusion. This opinion is based on the fact that since the introduction of this clause in pending legislation about eight years ago, many schools have been established by foreign governments for the purpose of teaching adults enough of some language to pass this test.

The following are some of the most important of the new features of the law:

HEAD TAX

The new act provides for a head tax of \$8.00 (an increase of \$4.00) on every alien entering the United States, but provides that children under sixteen years of age who accompany a parent are exempt. The purpose of these changes is not only to make the tax fall more heavily on the migrant and less desirable class by making a distinction in favor of the immigrant head of a family coming to this country for the purpose of permanent residence, but also by increasing the amount of the tax to offset the loss which its moderately restrictive provisions may entail.

EXCLUDED CLASSES

Section 3 provides for the exclusion of persons who have had one or more attacks of insanity *at any time previously* instead of "persons who have been insane within five years

previous; persons who have had two or more attacks of insanity at any time previously," and adds to the excluded classes *persons of constitutional psychopathic inferiority* and *persons with chronic alcoholism*.

The wisdom of these changes is at once apparent to any one who has noted the large number of foreign born insane who have been admitted to our State hospitals whose histories clearly show hereditary taints, others who have had one previous attack of insanity and the large number of alcoholic psychoses. They make complete and entire the exclusion of the mentally deficient and will be of great value, adding many to the number of those excluded.

The old law excluded "persons mentally or physically defective, such *mental or* physical defect being of a nature which may affect the ability of such alien to earn a living." In the new law the words "mental or" are stricken out. The result will be that in the case of the mental defective the possession of money or the ability to earn a living will in no way affect his right to enter the country and is a provision of great value. Under the old law a defective who was not "likely to become a public charge" could enter and transmit to his progeny strains of mental defect far-reaching in their effect upon future generations. It is unlikely that from a eugenic standpoint any of the changes in the immigration law will have a more beneficial effect than this.

FINES

The corresponding section of the existing law imposes a fine upon the transportation companies of \$100 for bringing in certain excluded classes, but it does not include the insane. The law now adds insanity, constitutional psychopathic inferiority and chronic alcoholism and increases the fine to \$200. If "such mental or physical defect might have been detected by means of a competent medical examination" at the time of embarkation, an additional fine of \$25.00 is imposed. The possibilities of this section as a restrictive measure are at once evident when we observe that the transportation company must also, at its own expense, return the alien to the country from whence he came and re-

fund to him the money paid for his transportation from the initial point of departure. It is quite likely that the steamship companies bringing immigrants to this country will abandon their lax and cursory methods of examination at points of embarkation for more careful and scientific methods when their pocketbooks are affected.

Section 11a is entirely new and is framed with a view to detailing "inspectors and matrons of the United States Immigration Service for duty on vessels carrying immigrant or emigrant passengers between foreign ports and ports of the United States." The object of this section is to afford more thorough observation and examination of aliens, not only for the purpose of detecting diseases and mental and physical defects but to lighten the work of the medical inspectors at the ports of entry.

Many observers believe that this will prove of considerable value both as a humane and restrictive measure, while others consider its worth to be problematical.

INSPECTION BY TWO MEDICAL OFFICERS

Under the former statute all aliens "shall be inspected and may be examined" at ports of entry. In the new law provisions are made that all aliens *shall be examined by not less than two medical officers and two inspectors*. How beneficial this will be may be readily realized from a statement in the last report of the Commissioner-General of Immigration (page 9) that this intensive form of examination has been experimented with at Ellis Island since the immigration has fallen off on account of the war in Europe, and, as a result, while under the old law where all were inspected and some examined, only an average of 2.29 per cent were rejected for mental defects, under the new method 9.27 per cent failed to pass. This section also gives the excluded alien in mental cases who appeals to an examining board the privilege of having one expert witness appear for him, and to the Federal authorities the right to subpoena witnesses and to severely punish those who interfere with immigration officers.

Section 17 modifies a long standing provision of the

immigration law by allowing the alien to have present one friend or relative, a most humane provision, for now hearings before such boards are private. The final paragraph of this section which provides "that the decision of a board of special inquiry shall be based upon the certificate of the examining medical officer and, . . . shall be final as to the rejection of aliens affected with . . . or with any mental or physical disability which would bring such aliens within any of the classes excluded from admission to the United States under section three of this act," is of paramount interest. Those of us who are at all familiar with deportation problems will remember the great wrong wrought the State of New York by the notorious "Decision No. 120," which has been the means of placing upon the State the burden of many aliens who, but for its unfairness, might have been deported. The decision referred to amounted to an assertion of the proposition that medical and other examinations of an insane alien, opinions of qualified alienists, are valueless unless accompanied by some affirmative facts which would prove to a *lay mind* the alien's mental condition. The paragraph referred to makes it plain that questions of a purely medical nature shall be determined by medical men and not by laymen.

Section 19 relates entirely to deportation and, of course, includes the excluded classes mentioned in Section 3. One very important change, however, is made in the law. The present law makes it necessary to show, before an insane alien may be deported, that the *causes of his insanity arose prior to his landing*, a manifestly unfair provision, placing the burden of proof on the Federal and State authorities instead of the alien, a proof, often impossible of substantiating. The new act authorizes the deportation of "any alien who, within five years after entry, becomes a public charge from causes *not affirmatively shown to have arisen subsequent to landing*." No provision as to deportation will do more to facilitate the removal of insane aliens than this, and it is without doubt fair and equitable to both Federal authorities and the alien.

TIME LIMIT CHANGED TO FIVE YEARS

The time limit for deportation has been changed from three to five years, making the deportation period correspond to the time necessary after landing for an alien to acquire citizenship. The fairness of this provision is evident from the fact that more than 9 per cent of the alien insane are admitted to the New York State hospitals between three and five years after landing. (Report of Special Commissioner on the Alien Insane, Spencer L. Dawes, p. 53, Jan. 23, 1914.)

This section will also prove of great value in that, as to time limit on deportation it is retroactive, thus allowing the deportation of the many insane aliens now in our State hospitals who have been here more than three years, but whom we have been unable to deport on account of the war in Europe.

A careful study of the foregoing can lead to but one conclusion—that so far as mental conditions are concerned the new law is broad, comprehensive, humane and just; that while it will prove a very restrictive measure, more so even than many of its most ardent advocates dreamed of, the restrictions will do much to lessen the stupendous burden carried by the State because of its foreign born insane.

EDITORIAL NOTE: The changes in the immigration law above discussed are the direct fruit of the efforts of the State Hospital Commission, the Special Commissioner on the Alien Insane appointed in 1912, and the Commission on Federal Legislation for the Alien Insane appointed in 1914.

MINUTES OF QUARTERLY CONFERENCE

MAY 28, 1917

Minutes of the conference of the State hospital managers and superintendents with the State Hospital Commission, held at Hotel Astor, New York City, May 28, 1917.

Present—

Commissioners PILGRIM, HIGGINS and MORGAN.

Secretary EVERETT S. ELWOOD, State Hospital Commission.

Statistician H. M. POLLOCK, Ph. D., State Hospital Commission.

Inspector CHARLES B. DIX, M. E., State Hospital Commission.

Inspector JOHN J. RILEY, State Hospital Commission.

Binghamton State Hospital, CHARLES G. WAGNER, M. D., Medical Superintendent, MERRITT J. CORBETT, Mrs. KATE M. ELY, Mrs. ANNIE DEVEREUX MILLS, Mr. WILLIAM H. HECON, members of the Board of Managers.

Brooklyn State Hospital, ISHAM G. HARRIS, M. D., Medical Superintendent.

Buffalo State Hospital, ARTHUR W. HURD, M. D., Medical Superintendent.

Central Islip State Hospital, G. A. SMITH, M. D., Medical Superintendent, JAMES MCGREGOR SMITH, member of the Board of Managers, W. J. MCKEE, Steward.

Gowanda State Homeopathic Hospital, CLARENCE A. POTTER, M. D., Medical Superintendent, PETER W. NEEFUS, M. D., member of the Board of Managers.

Hudson River State Hospital, WALTER G. RYON, M. D., Medical Superintendent, GEORGE R. FINTON, Steward.

Kings Park State Hospital, WM. C. GARVIN, M. D., First Assistant Physician.

Manhattan State Hospital, M. B. HEYMAN, M. D., Medical Superintendent; HERMAN C. EVARTS, M. D., First Assistant Physician; GUSTAV SCHOLER, M. D., Mrs. JULIA KEMP WEST, MARTIN COHEN, M. D., Mrs. THOMAS HUGHES KELLY, members of the Board of Managers.

Middletown State Homeopathic Hospital, MAURICE C. ASHLEY, M. D., Medical Superintendent.

Rochester State Hospital, EUGENE H. HOWARD, M. D., Medical Superintendent.

St. Lawrence State Hospital, RICHARD H. HUTCHINGS, M. D., Medical Superintendent, JAMES M. WELLS, member of the Board of Managers.

Utica State Hospital, HAROLD L. PALMER, M.D., Medical Superintendent.

Willard State Hospital, ROBERT M. ELLIOTT, M. D., Medical Superintendent, CHARLES R. PHILLIPS, M. D., WILLIAM T. MORRIS, members of the Board of Managers.

Dr. SYLVESTER R. LEAHY, Resident Alienist, Kings County Hospital, Brooklyn, N. Y.

Dr. WINFIELD SCOTT FARMER, State Hospital, Nashville, Tenn.

Dr. GERSHON H. HILL, of Iowa.

Mr. T. E. MCGARR, Confidential Accountant, State Hospital Commission.

Rev. ABRAHAM BLUM, Riverside Drive, New York City.

GEORGE A. HASTINGS, Assistant Secretary, State Charities Aid Association.

CHARLES W. MCCARTHY, of the American Laundry Machinery Company, New York City.

Dr. PILGRIM: As stated in the letter calling this conference, we are not going to have any scientific papers, as we shall have many to listen to during the week; we have therefore decided at this meeting to discuss the prospective needs of the hospitals under the new Hospital Development Commission. That is, we have called for certain information from the various superintendents, and have asked them to give us their ideas as to what will be necessary to round out the various hospitals into complete units. These reports, as the ones which I have already seen would indicate, are rather voluminous, and it would probably be a waste of time to read them in full, and you will therefore be asked to state the most essential points and to leave the minute details for us to read over and consider as you have presented them in written form. I think that probably the Brooklyn situation presents as many difficulties as any other, with the possible exception of the Manhattan State hospital, and I will therefore ask Dr. Harris to be the first to state the needs of his institution as he sees them.

Dr. Harris read his paper in abstract.

Dr. PILGRIM: As the Kings County Hospital and the Brooklyn State Hospital are closely related in their work, we are fortunate in having Dr. Leahy here to-day, and will ask him to give us his ideas as to how the State and County can best cooperate in this important work.

Dr. LEAHY: The problem of the Kings County Hospital is very intimately related with that of the State hospitals. We are the ones who come in contact with the relatives and patients from the first, and the way in which this problem is handled is of great importance to those interested. In olden times the attitude was to commit the cases just as soon as possible. For instance, if the case came in at night, before 12 o'clock, the physicians did not see the patient. They were called up by the charge attendant, who was asked: "Will he make trouble?" If it was thought he would, instructions were given to serve the case immediately. At that time one of the deputy commissioners of charities resided in Brooklyn. The patient was served in the night; papers were made up the following morning, then signed by the deputy commissioner of charities, taken to the court and signed the same day. Within two or three days these cases were committed. It is obvious and apparent to anyone that this is not the way to treat any mental case, in fact, any type of medical case. In the first place, it does not give proper time to size up the case and make proper diagnosis. During those good old days no such things as physical examinations were attempted. No lumbar punctures were made, and no Wassermann tests undertaken. Those who are doing this work will realize how important this work is in any mental case. This and the taking of anamneses doubles our work, but there is satisfaction in knowing just what the outcome will probably be, and in telling the relatives what they may expect and what to do in making their future plans, etc. Unfortunately, as the work has increased, we have not received any additional help on the medical staff, so that we have now reached a point where it is impossible for us to develop our work further unless we receive additional medical help. When it is realized that we have only 25 beds on the male service and 19 on the female service, and that we handled over 2,600 cases last year, one can readily see what our problem is. I have been far from satisfied, even with the work in its present condition, that we are doing the right thing. There are cases which we receive that are far above the average both in men-

tality and circumstances. There is not another place readily accessible for their reception and care. I feel as Dr. Harris stated, that if we had some psychopathic hospital to which we could refer them, it would assist in the solution of the entire question, and furthermore, we would have the cooperation of the public. Our attitude is not to go into court and force the commitment, but rather to make the patients and relatives see that it is for their benefit to receive treatment. "If the patient is suffering from physical disorder, would you stand in the way of having the patient get well?" is asked. They are very willing to see this side of the question. If you are interested, I do not care how much opposed the relatives are to State hospital treatment. If they see you are interested, if you are trying to help the patient, then you will certainly have the cooperation of the general public. I think this is just the thing we need for the further development of the mental hygiene of the State hospital service. We have cases referred to us by various bureaus of the charities for advice. There are a number of borderline cases which could be helped a great deal, their problems straightened out for the future, and their social maladjustment corrected but, although we have referred a number to the psychiatric clinics, there seems to be no desire to continue attendance at the clinics. Furthermore, it is surprising how many people feel that a case is ended when it goes to the State hospital, that there is no getting the patient back again; that the patients are committed as criminals. It takes a considerable part of our time assuring the relatives that is not true.

Again, we have too few voluntary applications. Because of the character of the wards, their lay-out, etc., it is necessary to have disturbed and quiet cases on the same ward. It makes a bad impression on the relatives to have quiet patients and disturbed patients together, but it is all we can do under the circumstances. It has been a long fight until Dr. Harris came, but now we both have the same ideas. In the psychopathic hospital voluntary cases could be accepted directly. If they needed commitment, they could be transferred to the psychopathic ward. On the other hand, if they

were cases of the borderline type and should not be committed, they could be readily transferred to the psychopathic hospital. It seems to me the need in the future treatment of mental cases must be individual and intensive along clinical lines. For instance, we have a number of clear cases of dementia præcox. The blood report comes back indicating 4 plus on the Wassermann test. We do not know the exact significance of this, but it seems to me in this disorder, about which we understand comparatively little, there is a definite indication for treatment. From my experience in the State hospital service, I do not think it has been possible to attack those individual problems in the way they should be attacked. I believe that the establishment of a psychopathic hospital would enable us to receive a greater number of cases than we receive at the present time, particularly of the voluntary type. We would also have the cooperation of the family physician, who understands this problem very little, principally I think because he does not wish to understand. It is something he does not know anything about.

As Dr. Harris suggests, you could have clinics, explain the situation, and I think a great deal could be accomplished. After all, the family physician stands in a much closer relationship than we can hope to do, but it is certainly surprising and gratifying to see how relatives and even patients themselves will cooperate.

Dr. PILGRIM: I am sure we are very much indebted to Dr. Leahy for his discussion of this important subject. As the matter of cooperation between general and State hospitals is a very important one, I am going to ask Mr. Hastings to tell how it appears to those engaged in mental hygiene work.

Mr. HASTINGS: I think that Dr. Harris' plan has a great deal to recommend it. It is progressive and forward looking. New York City has for a long time felt the need of an adequate psychopathic hospital but the establishment of one does not seem much nearer than it did five or six years ago. Recently it has been suggested that perhaps after all the solution of this question is not a big psycho-

pathic hospital to serve all boroughs, but instead smaller hospitals, one in each borough. This plan seems to be worth thinking about.

The State hospitals have effectively taken the leadership in matters psychiatric throughout the State, and I wonder if in the end they will not extend their leadership into New York City in the important matter of psychopathic hospitals.

I think it is entirely feasible and extremely desirable to so develop the Brooklyn State Hospital that it will serve not only the usual purposes of a State hospital but become the psychiatric center for the borough of Brooklyn. I should like very much to see that hospital developed along the lines Dr. Harris has outlined.

The cooperation which exists between the Brooklyn State Hospital and the Kings County Hospital is very important at the present time and will become increasingly important as plans for the new State institution develop. A great many cases come to the county hospital which do not prove committable; often they are sent back to their homes and fail to receive subsequent medical and social attention until perhaps they become ill enough to warrant commitment. It is to be regretted that there are no facilities at Kings County for the temporary treatment of short term patients who are not sick enough to require commitment to a State institution. If such a psychopathic department can be provided in the Brooklyn State Hospital, it will serve an extremely useful purpose. Such a psychopathic department or hospital in Brooklyn would serve also as an educational center for mental hygiene work in the borough. Comparatively little is being done in that borough along educational lines. More is done in some smaller up-State communities. The proposed plan for Brooklyn would mean not only the close cooperation with the Kings County Hospital but would also mean the linking up of all the organizations interested in mental hygiene work in Brooklyn, supplying leadership in psychiatric work and making the efforts for prevention and early treatment really effective.

The Mental Hygiene Committee would appreciate it if the superintendents felt disposed to send it copies of the

reports on their hospitals submitted here to-day. Such authentic information is of great value.

Dr. PILGRIM: The question of the psychiatric work, so far as Brooklyn is concerned would seem to have been very completely outlined by Dr. Harris. The question in New York City, however, is more difficult, and Dr. Hoch and I were talking on this matter only a few days ago, and we came to the conclusion that probably the best way out of it for New York City would be for the State to secure a psychiatric hospital in the city itself; that is, away from Ward's Island, with a building to accommodate from 60 to 100 cases suitable for study, and to have connected with it a very active dispensary and clinic. In fact, to transfer the most of the work that is now done in the Psychiatric Institute to some place in New York City, which would be more accessible than the Island and thus make it a great teaching center under the absolute control of the State. Dr. Hoch is now working on that idea. I am sorry he is not here, so that he could tell us in his own way what he thinks of it.

Dr. H. C. Evarts, Acting Superintendent of the Manhattan State Hospital, gave his views as to the proper development of that institution.

Dr. PILGRIM: Dr. Evarts says that, when the Manhattan State Hospital has a capacity of 5,000, it will probably be caring for 6,500. That is an impression I want to correct, because the Hospital Development Commission was formed just for the purpose of practically preventing those conditions, and I think I can say that the State Hospital Commission is heartily in sympathy with such purpose and that within a few years we hope, and expect, to be able to say that when a hospital has a capacity of 5,000, it will care for that number and no more. That is what we are aiming at, and that is what we hope to accomplish. The Manhattan situation seems to have been gone into pretty thoroughly, and so to save time I will ask Dr. Wagner to tell us what the up-State hospitals need in the matter of development.

Dr. WAGNER: I have some brief notes I would like to

read. The letter from the Commission requested an outline of the plan for the development of the hospitals, but the time available was entirely too short to prepare anything like a complete development scheme, so I have simply a few notes I would like to present.

Dr. Wagner read his paper.

Dr. PILGRIM: When Dr. Wagner comes to the final consideration of the development of Binghamton, I hope, instead of enlarging the present hospital for acute cases, that he will ask for another building for acute cases, so that he may have one for each sex. His problem is probably a good deal like that at Poughkeepsie, and I have long felt that it ought to be possible to keep the acute cases in the building in which they are received until recovery takes place, providing that recovery is likely to take place within three to six months. As it is now, as soon as cases have been received and diagnosed and have been in the reception hospital a few weeks, it becomes necessary to make transfers to other parts of the institution, but to me it would seem a very desirable thing if the reception building were large enough to keep patients likely to recover within a short time until they recovered, so that they might never know anything of the unpleasant features of hospital life; that is, so that they might not come in contact on the very large wards with disturbed and unpleasant cases. I think that certainly your present hospital ought to have an addition something like that at Poughkeepsie for disturbed cases because you have no means at present for proper classification.

Dr. WAGNER: I thank Dr. Pilgrim for his suggestion. I have thought of the enlargement of our present building, but I think this suggestion of a separate building for each sex is a very great advance on the idea. I shall be very glad to modify my plans and incorporate his suggestion in them.

Dr. PILGRIM: As the problems at the other hospitals are largely the same as at Binghamton, I would ask the superintendents present to submit their reports, so that we may acquaint ourselves with them. I would also say to Mr. Hastings that we shall be very glad to give him whatever

information he desires after we have gone over the reports submitted.

Dr. PILGRIM: The question of employees' vacations has come before the Commission quite frequently, and to-day we have a communication from the Secretary and Treasurer of the New York State Hospital Employees' Association, which reads as follows:

JANUARY 15, 1917.

STATE HOSPITAL COMMISSION,
Albany, N. Y.

Gentlemen: At a conference of the delegates representing the New York State Hospitals Employees, held at Albany on January 5, resolutions were adopted and the Secretary of the Employees' Association was directed to bring to the attention of your Commission the following facts:

That in some of the hospitals, mechanics are required to perform duty on Sundays and extra evening duty without getting equivalent time off.

That in some hospitals the allotted time of sixty-six days' leave of absence in one year, is not given.

These matters are clearly set forth in the general rules governing leave of absence and to avoid dissatisfaction and bring about more uniformity, we respectfully ask that your Commission take this matter up with the superintendents at the next quarterly conference.

Very respectfully yours,

New York State Hospital Employees' Association,

By (signed) E. J. MURRAY,

Secretary-Treasurer.

Approved.

(Signed) RICHARD McHUGH,
President.

Dr. PILGRIM: We shall be very glad to hear from any superintendent where these rules and regulations are not carried out. So far as I know, they are carried out at most of the institutions.

Dr. ELLIOTT: We have found it impossible at Willard to comply with the law in the case of certain engineers who are engaged in operating the dynamos. These men are obliged to work on twelve-hour shifts for the reason that we have not enough engineers to operate the electric plant on an eight-hour day basis as the law requires. We had a

complaint from the Labor Department a year ago, which I think Mr. Morgan will remember very well, and in order to comply with the requirements we asked for an additional engineer in the budget for the forthcoming year, but this item was eliminated and we shall be unable to change the situation. Recently one of these engineers left because he was obliged to work twelve hours a day, and I have not been able to fill his place because all of those on the eligible list furnished by the Civil Service Department have refused the appointment. We have been obliged to discontinue the use of the hospital steamboat in order to use the men in taking care of the work in the engineer's department. All of the firemen at Willard are on a twelve-hour shift and on the first of January next will have to be put on eight hours a day in compliance with the new law, which will necessitate the employment of quite a large force of additional firemen. We have not been able to give the firemen at Willard 66 days a year because the force is not large enough to permit it.

Dr. HARRIS: I don't think the charge will stand so far as Brooklyn is concerned. In connection with this matter I would mention that an opinion has been written by the Attorney-General, which states that it is not a violation of law to keep certain employees on duty in cases of extraordinary emergency caused by fire, flood or danger to life or property, and that the superintendent of the hospital may give such orders and instructions as he may deem best calculated to insure good conduct, fidelity and economy in every department of labor and expense.

All the men and women have received their full quota of time, and no complaints have been made.

I consider the ruling of the Attorney General very important.

Dr. ASHLEY: At Middletown we have in some instances been compelled to disregard the rule which provides that each employee shall have 66 days leave of absence a year with pay. This has been because of our inability at all times to secure sufficient help, sometimes because of an unusual amount of illness among the employees, and for

various other reasons. We do not consider this a violation of the rules, however. I happened to be a member of the Committee that formulated the rules under which employees are working, and on page 7 (Rules and Regulations for State Hospitals) appears the following:

"Superintendents, however, are empowered, subject to the approval of the State Hospital Commission, to modify the rules and regulations regarding vacations and leave of absence at such times as in their judgment the welfare of the hospital demands such action."

Dr. WAGNER: A very important element in this whole question, I think, is the matter of wages. Now, until we are able to pay higher wages, we are going to be short-handed throughout our institutions. At the present time we run at Binghamton 15 to 30 people short of our full force, notwithstanding the fact that we are advertising in the Scranton, Wilkesbarre, Williamsport and other Pennsylvania newspapers, and also in most of the newspapers published in our own hospital district for additional help. A constant stream of responses come but, just about as fast as we get new people in, others go out. We have a new building ready for 300 women patients. We have been advertising for three weeks for a force to open it. We have not got the beginning of it, and I do not know how we are going to get it. It has been impossible to grant the full 66 days' time off to all employees, and until conditions change very materially in the labor situation, I think it will be impossible for us to give all of them their full period of time. I think Dr. Ashley is perfectly correct in his statement, that the rules provide expressly that any institution may modify them as regards time off duty so far as may be necessary to carry on its work, and we certainly are unable to give all employees the full 66 days at the present time.

Dr. PILGRIM: The 66 days for the ward employees includes their share of the 52 Sundays, the 14 days' annual vacation, every other holiday, etc. Perhaps Mr. Morgan, the legal member, can enlighten us on this subject as to whether we are violating the law.

Dr. WAGNER: I would like to add one thing more. We

have just reported to your Commission that we have 134 men in our employ between the ages of 21 and 31 liable to conscription. Unless this matter is covered, it will add an additional serious embarrassment to the administration of the hospitals.

Dr. PILGRIM: That would take only a small proportion of your total employees.

Mr. MORGAN: I think in reply to your suggestion, you could have a draft on your men. The number to be taken from your institution is so small it will not cause you very much concern.

Dr. WAGNER: We have already 10 per cent in the National Guard, besides those which may be taken by the conscription.

Mr. MORGAN: The additional number to be taken will be very small.

Dr. WAGNER: That we can not tell. It is a selective conscription.

Mr. MORGAN: In reference to your former question, I would say that if the Legislature does not appropriate the money, it is impossible to employ the men. After the first of January, I think it is the intention of the Legislature to endeavor to arrange the appropriation so as to meet the conditions which will go into force at that time.

Dr. HUTCHINGS: We have the same difficulty as Dr. Wagner describes in giving our employees the 66 days off duty each year, as they are entitled to by the rules, and we often have to keep them on duty when their regular time off duty becomes due, but it has been our practice to make up the time the next day or within a few days when a little more convenient but, owing to the number of vacancies, this has been a very severe tax on our facilities and we are obliged to be very short on our wards in order to give the employees the time off they are entitled to, even if it is deferred.

It occurred to me that in this emergency, if we could, instead of making up the time, pay them additional for extra time, it would be a great relief to us as long as we are carrying so many vacancies. There is enough money in the budget to provide for this. I would offer the suggestion that it would be a good plan to keep such employees

as may be required within reason and, instead of making up the time the next day or week, to pay them additional for that extra day's work at the regular rate. I believe the employees would favor this plan.

Dr. HARRIS: I think that is a good suggestion, but can you under the statutory requirements, where so much money is appropriated for each employee, follow out the suggestion made?

Dr. PILGRIM: I think that suggestion is a good one and worthy of consideration. We will take it up and see whether we can recommend it as a legal proposition.

Dr. SCHOLER: At the Manhattan State Hospital 150 male employees will be taken from the service when the conscription takes effect. The loss of these will very seriously cripple the hospital.

Dr. PILGRIM: Commissioner Higgins tells me there will be an exemption board to which appeal can be made.

Mr. ELWOOD: Last week the Director of the Council of National Defense wired the Commission that there was no exemption in the statute applying to employees of State institutions. He said that very serious consideration would be given to the subject. The recent circular letter to the hospitals was sent for the purpose of getting all the facts ready for action when the proper time comes. I took the matter up with the Governor's Secretary, and he suggested that we get our data together and then make an appeal. I believe the Massachusetts people will be willing to join in making an appeal for exemption if it seems necessary to do so.

Dr. PILGRIM: I do not see that we can do anything further at the present time, and we may await further developments and act accordingly.

We will now proceed to the consideration of the reports of committees. The first is the Committee on Legislation, Dr. Wagner, chairman.

Dr. WAGNER: Owing to the kindness of Mr. Elwood, who has prepared a resumé of the legislation, I am able to report on what has been done in a legislative way during the past session. The amendments to the Insanity Law are as follows:

REPORT OF COMMITTEE ON LEGISLATION.

AMENDMENTS TO THE INSANITY LAW.

Chapter 355 of the Laws of 1817.

This chapter amends the Insanity Law in relation to the salary of agents, making possible the payment of the rate of \$6.00 per day to the Agent in Charge of Collections in New York City.

Chapter 335 of the Laws of 1917.

This chapter amends the Insanity Law in relation to the parole of patients, making it possible for the superintendent to grant a parole to a patient not exceeding one year under general conditions prescribed by the Commission. The previous limit was six months.

Chapter 286 of the Laws of 1917.

This chapter amends the wage schedule of the State hospital employees by adding \$2.00 per month to the minimum and \$5.00 per month to the maximum paid the various employees in the State hospital service.

Chapter 320 of the Laws of 1917.

This chapter amends the Insanity Law in relation to clothing and money furnished discharged or paroled patients by adding the word "paroled," thereby making it possible to furnish clothing and money to paroled patients in the same manner as may now be furnished to discharged patients, in accordance with Section 95 of the Insanity Law.

LAWS OF INTEREST TO THE STATE HOSPITALS.

Chapter 238 of the Laws of 1917.

This act creates the Hospital Development Commission, defining its powers and duties, and authorizes contracts for new buildings in connection with the Utica State Hospital on the Marcy site, at a cost not exceeding \$1,250,000. It

also authorizes contracts for the construction of buildings at the Middletown State Hospital at a cost not exceeding \$369,000.00, \$299,254.85 being directly appropriated for immediate use in the construction of buildings at the Marcy site, and \$100,000.00 being directly appropriated for immediate use in the construction of buildings at the Middletown State Hospital.

The Commission consists of the State Engineer, the Chairman of the State Hospital Commission, the State Architect, the Chairman of Senate Finance Committee, the Chairman of the Assembly Ways and Means Committee, two members to be appointed by the Governor, and one member of the Legislature, who shall also be a minority member of one of the financial committees of the Legislature, to be named by the minority leaders of the Senate and the Assembly.

The measure in brief provides for a survey of the State hospitals for the insane, the development and adoption of a plan to provide for the present surplus and the future increase in patients, to recommend to the Legislature each year the appropriation necessary to complete one-tenth of the entire hospital development plan. The measure also provides for the investigation of the problem of the care of the feeble-minded and the development of a plan for its solution. When the feeble-minded problem is under consideration the Fiscal Supervisor shall take the place of the Chairman of the State Hospital Commission, and the Secretary of the State Board of Charities shall take the place of the State Engineer.

Chapter 211 of the Laws of 1917.

This measure amends the Insanity Law in relation to State farms and institutions by providing that the Commissioner of Agriculture shall make definite studies of the institution farms. The Commissioner of Agriculture is instructed to give such directions as he deems best for the proper care and development of farm lands and the production and distribution of the crops thereof. These directions when issued shall be carried into effect by the superinten-

dent or other person in charge of the farms. The approval and appraisal of the Commissioner of Agriculture is required for all future purchases of farm lands.

Chapter 142 of the Laws of 1917.

This measure creates a Commission to investigate the methods of purchasing materials and supplies for State Departments, Boards, Commissions, Offices and Institutions, and directs that it report thereon to the Legislature of 1918.

The Commission consists of the State Comptroller, the Superintendent of State Prisons, the Superintendent of Public Works, the Chairman of the State Hospital Commission, the Fiscal Supervisor of State Charities, the Commissioner of Education, and the Secretary of the Trustees of Public Buildings.

Chapter 205 of the Laws of 1917.

This measure is designed to assure an adequate food supply and the production thereof in the State of New York. It creates the New York State Food Supply Commission, which is to consist of the Commissioner of Agriculture, the Commissioner of Education, the Dean of the New York State College of Agriculture, the State Director of Farm Bureaus, the Commissioner of Foods and Markets, and four other members appointed by the Governor. The Commission has the power to adopt all necessary measures to assure an adequate food supply in the State, and the production of such supply by cooperating with the various State departments. It provides that, with the approval of the Governor, additional assistants may be employed by any State department. The Commission may buy and distribute at cost seed for staple food productions. It was originally thought that this measure, which carried an appropriation of \$500,000.00, might provide the State institutions with seed, labor and fertilizers from this fund, but a subsequent interpretation of the law has been rendered to the contrary.

Chapter 369 of the Laws of 1917.

This act establishes a State Council of Defense, of which the Governor is chairman, and which shall consist of not

more than seven persons to be appointed by the Governor. It is the duty of this Council to make investigations and to report thereon the location of railroads and all means of transportation within the State which might be used for military purposes, and to investigate and report on all the military and naval resources of the State, the production within the State of articles and materials used in support of military forces, and make all necessary arrangements for the efficient coordination of the various resources of the State in time of war. The measure carries an appropriation of \$1,000,000.00. It supersedes to some extent Chapter 205 creating a food supply commission, in that no moneys may be expended by the Food Supply Commission without the approval of the State Council of Defense.

Chapter 596 of the Laws of 1917.

This measure amends the State Finance Law and provides that any department head having the control of an institution, State asylum, State hospital, State prison or reformatory, may, with the approval of the Governor and the State Comptroller, loan to or set aside for the temporary use of the United State Government or the Government of the State of New York, such accommodations or supplies as is practicable to meet the temporary emergency.

Chapter 435 of the Laws of 1917.

This amends the military law in relation to the compensation of State and municipal officers and employees while absent on military or naval duty, and provides that no such employees shall hereafter enlist without the approval of the Governor or the consent of the Mayor.

Chapter 574 of the Laws of 1917.

This measure amends the Civil Service law and provides that every person hereafter employed by the State or any of the civil divisions thereof, except in the labor class, shall take and file a constitutional oath of office.

Chapter 653 of the Laws of 1917.

This act amends the Civil Service law by establishing a system of service records and ratings. It provides that all departmental agencies of the State Government shall keep and report service records and ratings of employees for the purpose of recording in terms of quality, quantity and other factors, the relative efficiency of employees engaged in the same or similar lines of work, under rules and regulations prescribed by the Civil Service Commission.

The 1917 session of the Legislature was especially free from measures which were contrary to the interest of the State Hospital Department. Among them might be mentioned two, both of which died in committee. Assembly Introductory No. 572, introduced by Mr. Chace, provided for an amendment to the Insanity Law, whereby every commitment paper and every transfer of an insane person from one institution to another would have to be filed in the office of the clerk of the county of which such insane persons were residents at the time of their commitment. The other bill, Assembly Introductory No. 1317, introduced by Mr. Wells, would have transferred the jurisdiction and control of the Creedmor site of the Brooklyn State Hospital to the Adjutant General's office to be used by the National Guard as a rifle range and for other training purposes.

Dr. PILGRIM: I am sure that we are all very much indebted to Mr. Elwood for Dr. Wagner's able report. The next report will be that from the Committee on Nursing, of which Dr. Howard is chairman.

Dr. HOWARD: The Committee has no report to make at this time.

Dr. PILGRIM: I will call for the report of the Committee on the Budget.

Dr. WAGNER: There is nothing to report from this Committee at the present time.

Dr. PILGRIM: I will call for the report of the Committee on Dietary.

Dr. HURD: As chairman of the Committee on Dietary,

I would say I was appointed chairman very recently and as the work has been under the careful and very painstaking supervision of Mr. Pitcher, the steward at Kings Park, for some time, he will read what report we have prepared.

Mr. Pitcher read the following report:

Mr. Chairman and Members of the Conference: As the members of the conference have experienced similar difficulties in securing food supplies for their institutions and know of the high prices of food supplies, it is only necessary for the Committee to mention these facts in connection with the manner in which it may have affected the quantities of food supplies used at the institutions and their food value.

Last year the Committee made a study of the food supplies used at the institutions and their food value for the nine months ending June 30, 1916. This report was published in the STATE HOSPITAL QUARTERLY for November, of that year.

Due to the shortage of food supplies and their high cost, the quantities used during the twelve months which will end June 30, 1917, will, without doubt, be less than for the period studied. This fact should be definitely shown.

The Committee is planning to make a study of this period, to determine the difference in the quantities and value of the food supplies used.

This information will be useful for any Federal or State Board of Food Administration which may be created, as well as the State Hospital Commission and the institutions themselves.

Such a study as this should show that the food supplies have cost much more but have been less in quantity and in food value, and that the institutions in common with the general public have endeavored to "do their bit."

Dr. PILGRIM: One more announcement I want to make, that is, as you all know, the American Medico-Psychological Association meets in this hotel to-morrow and will continue in session throughout the week, and the Commission requests me to state that it will be very glad to have the superintendents remain throughout the meeting of this association and will audit their bills for legitimate expenses.

Mr. ELWOOD: And the managers as well?

Dr. PILGRIM: Yes. I think we would be very glad to receive an invitation from Dr. Hutchings to meet in St. Lawrence for the next conference.

Dr. HUTCHINGS: The Board of Managers have already extended an invitation for the conference to meet in Ogdensburg in July or August. The invitation still holds good, and we would be very glad to entertain the conference at that time.

Dr. PILGRIM: We will stand adjourned to meet in Ogdensburg at the St. Lawrence State Hospital in July or August at a date to be determined later. I now declare the conference adjourned.

LEWIS M. FARRINGTON,

Secretary of the Conference.

APPOINTMENT OF DR. GEORGE H. KIRBY AS MEDICAL INSPECTOR

Dr. George H. Kirby, who has been director of clinical psychiatry at the Manhattan State Hospital since 1908, was appointed by the State Hospital Commission to the position of medical inspector on May 28, 1917, the appointment taking effect June 1, 1917.

Dr. Kirby was born in Goldsboro, N. C., February 9, 1875. After preliminary training in the grammar and high schools of his native State, he entered the University of North Carolina, and graduated therefrom with the degree of B. S. in June, 1896. He then entered the Long Island College Hospital and received his medical degree from this institution in May, 1899. After three months' service in the Seaside Hospital for Children in Brooklyn, he was appointed junior physician in the Worcester (Mass.) Hospital for the Insane. At the end of one year he was promoted to assistant physician and continued in such position until May, 1902. He was appointed associate in clinical psychiatry in the New York State Psychiatric Institute October 1, 1902, and served in such position until May 1, 1908, when he was made director of clinical psychiatry in Manhattan State Hospital.

Dr. Kirby's ability as a psychiatrist was recognized by his appointment as instructor in psychopathology in the Cornell University Medical College in June, 1906, and by his later appointment as professor of psychiatry in New York University and Bellevue Hospital Medical College. For several years Dr. Kirby has served on the editorial staff of the *State Hospital Bulletin*, and for the past two years has been one of the editors of the *Psychiatric Bulletin*. His investigations and writings have won him an enviable place among the leaders in his profession.

Dr. Kirby is a member of the Ward's Island Psychiatric Society, the Bellevue College Medical Society, the New York Neurological Society, the American Medico-Psycho-

logical Association, the American Psychopathological Society and vice-president of the New York Psychiatric Society.

As a member of various committees and boards Dr. Kirby is in touch with a wide range of psychiatric activities. He is a member of the National Committee for Mental Hygiene, chief consulting psychiatrist of the New York City Department of Correction, member of the Advisory Board of the Sing Sing Psychiatric Clinic and recently has been asked to serve on the Medical Advisory Committee of the State Hospital Development Commission.

NEWS OF THE STATE HOSPITAL SERVICE

GENERAL ITEMS

The State Hospital Development Commission organized on June 30 by electing Senator Henry M. Sage, chairman; Henry E. Machold, vice-chairman; and Lewis F. Pilcher, State Architect, secretary. The other members of the Commission are: Dr. Charles W. Pilgrim, chairman of the State Hospital Commission; Frank M. Williams, State Engineer and Surveyor; Senator Thomas H. Cullen; Charles H. Johnson, Secretary of the State Board of Charities; Frank R. Utter, Fiscal Supervisor of State Charities; Dr. Walter B. James; and Benjamin W. Arnold. The Commission visited the Utica State Hospital on July 17, 1917, and discussed the building of a new hospital on the site owned by the State at Marcy, about six miles west of Utica. Others taking part in the Utica conference were: Andrew D. Morgan and Frederick A. Higgins, State Hospital Commissioners, Charles A. Sussdorf and Francis E. Roberts of the State Architect's office, Mason Hutchins, Clerk of the Senate Finance Committee, Leon DeMars, Clerk of the Assembly Ways and Means Committee and John J. Riley, Inspector of State Hospitals.

— In order to demonstrate the effective work done on the State hospital farms, the State Hospital Commission is planning a unique exhibit for the State Fair to be held in Syracuse, September next. A mammoth horn of plenty is to be erected in the Commission's spacious booth in the State Institutions' Building, and issuing from the bell of the horn will be seen a bountiful array of the choicest vegetables and fruits from the gardens and the farms connected with the State hospitals. The activities of the hospitals along other lines will be demonstrated by specimens of work and by charts and photographs.

— The State Hospital Commission made its semi-annual visitation to the State hospitals during June and July.

— The State Hospital Commission announces the opening during the summer of new buildings at the State hospitals as follows:

At Manhattan State Hospital, on Ward's Island, New York City: Mabon Hall, reception building for 150 men patients. Keaner Hall, building for 200 women patients.

At Binghamton State Hospital: Wagner Hall, building for 300 women patients.

— The State Hospital Commission has awarded the following contracts for construction work and equipment, since April 1, 1917:

At the Rochester State Hospital: May 15, 1917; construction of additional accommodations for disturbed patients, W. F. Martens & Co., Inc., Rochester, \$21,100.

July 20, 1917; fire escape on nurses' home, Youngs Wrought Iron Works, Rochester, \$820.00.

At the Binghamton State Hospital: April 11, 1917, enlargement and equipment of laundry; construction work, A. E. Badgeley, Binghamton, \$15,937; heating, the R. T. Ford Co., Rochester, \$2,990; plumbing, the R. T. Ford Co., \$1,800; equipment, the American Laundry Machine Co., New York City, \$7,919.

At the Brooklyn State Hospital: May 8, 1917; finishing hardware for chronic building, the Lockwood Company, New York City, \$3,296; finishing hardware for reception building, the Lockwood Co., New York City, \$2,469.

July 12, 1917; additional power house equipment, the W. T. Armstrong Company, Albany, \$19,948.

— Other construction work planned for:

At the Binghamton State Hospital: Repairs and alterations to coal trestle. Work to be readvertised. Contract had been let but contractor failed to file satisfactory bond.

Remodeling heating system; State Architect requested to prepare plans and specifications.

At the Brooklyn State Hospital: Heating system for cottages at Creedmoor. Plans and specifications have been prepared by the State Architect and approved by the Commission. Work is to be done by institution employees.

Elevator for reception building. Plans and specifications have been prepared by the State Architect and approved by the Commission and Governor. Bids were opened July 25.

Construction of storehouse and cold storage building. Plans and specifications prepared and approved. Bids opened July 25.

At the Central Islip State Hospital: Extension of laundry and equipment. Plans and specifications prepared and approved. Bids for construction opened July 6. Bids for equipment to be opened August 21.

Additional quarters for acute patients. Plans and specifications prepared and approved. Bids opened July 31.

At the Kings Park State Hospital: Reconstruction of elevator. Plans prepared and approved. State Architect will advertise for bids.

Extension of sewage disposal plant. Plans and specifications prepared and approved. Bids to be opened August 15.

Refrigerating machine. State Architect asked to prepare specifications.

At the Manhattan State Hospital: Additional accommodations for disturbed patients. Plans prepared and approved. Bids opened July

12. All bids rejected because no bids received for construction work. The State Architect to readvertise for bids to be opened August 7.

Coal and ash conveyor equipment. Bids opened May 3. Only one bid was received and this was rejected as the amount exceeded the appropriation.

At the St. Lawrence State Hospital: Additional barn; new chimney; completion of coal shed. State Architect to prepare plans and specifications.

At the Willard State Hospital: Boat house: State Architect to prepare plans and specifications:

BUREAU OF DEPORTATION

The Comptroller of the State of Connecticut in reply to an inquiry from the Bureau of Deportation states: "that an alien can not gain a legal settlement, but an inhabitant or native of another State coming here and residing in the second town four years, self-supporting, would in that manner gain a settlement. A four years' residence in the first town would not give him a settlement.

This is in marked contrast with the attitude of this State which accepts as legal charges any one, alien or otherwise, who has lived within the border of the State for one year.

PURCHASING COMMITTEE

Wide fluctuations in market quotations for many of the hospital staples usually contracted for by the Joint Purchasing Committee have necessitated a considerable change in the method heretofore followed by the Committee. Excepting in those cases where fairly stable prices have prevailed it has been found undesirable to contract for staples beyond very short periods. This has been true especially of cereals, laundry starches and dried fruits, for which monthly contracts only are now made. As to canned goods, instead of contracting for the winter period, the Committee deferred all action until some idea of the result of the season's planting could be obtained. Flour quotations have been very irregular and this has been true also of other large staples. The Committee has thought it best, however, to continue the practice of years and have contracted for both flour and fresh meats for a quarterly period. Although a rapid decline occurred in the price of flour shortly after the contract for the July-September period had been made, the price has again risen and now closely approximates the contract figures, bidding fair to exceed them before a third of the quarterly period has expired.

As is well known, very unsettled conditions continue as to coal, both anthracite and bituminous. Although the Federal authorities have practically fixed a rate for certain types of coal at the mines, the Committee has decided to abandon all hope of making an advantageous contract for the year beginning July 1, 1917, as first planned; preliminary inquiries developing the fact that very few of the large companies would submit bids covering all of the institutions for the

entire period, even though the Purchasing Committee had expressed its willingness as a temporary measure to waive its somewhat rigid requirements as to B. T. U. contents of the coal, etc. Since the 1st of June, but one institution, has succeeded in making an annual contract and that only for prepared sizes of anthracite coal, at a price of \$6.50 per gross ton delivered.

An analysis of recent biddings indicates that practically 50 per cent of the supply houses formerly interested in State hospital business have withdrawn from the competition.

Chapter 142 of the Laws of 1917 provides for an investigation of the methods of purchasing materials and supplies for State departments, boards, commissions, offices and institutions.

A preliminary meeting of the Commission established by such act was held at the office of the State Comptroller, on the 2nd of May, 1917, at which were present the State Comptroller, Eugene M. Travis, Deputies Wendell and Reusswig, William A. Orr, Secretary of the Trustees of Public Buildings, James M. Carter, Superintendent of Prisons, Henry L. Robinson, of the State Prison Department, Deputy Henry M. Alexander of the Department of Public Works, Messrs George M. Wiley and Hiram M. Case, of the State Department of Education, Thomas H. Lee, Deputy Fiscal Supervisor and T. E. McGarr, representing the State Hospital Commission.

Comptroller Travis was elected Chairman and Mr. Orr, Secretary. The scope of the preliminary work to be done was outlined by the State Comptroller, and members of the Committee were requested to submit suggestions.

A second meeting was held at the office of the State Comptroller June 13, at which the members present at the first meeting were also present and in addition, the newly appointed Fiscal Supervisor of State Charities, Frank R. Utter. A discussion was had as to further division of the work of inquiry among the different departments represented. The following committees were then appointed:

On Laws and Contracts pertaining to Joint Purchasing, Messrs. McGarr and Case.

On State records, i. e., to study the methods now prevailing in the making of purchases, Messrs. Alexander and Robinson.

On existing methods, city, State and Federal, Messrs. Orr, Utter and the State Comptroller.

Figures were submitted by Deputy Reusswig, showing that the State's bill for coal is now approximately \$1,100,000; for food, nearly \$3,500,000; for clothing, \$450,000, including made up clothing and materials purchased to be made into clothing in the different institutions; also that the cost of general supplies has reached \$1,250,000.

The next meeting of the newly appointed commission will be held on September 12. A vast amount of information has already been collected and will be available for the Legislature when the matter is taken up for definite action in February, 1918.

NEWS OF THE STATE HOSPITALS FOR THE QUARTER ENDING JUNE 30, 1917

NEW HOSPITAL FEATURES: CONSTRUCTION, ADMINISTRATION, OCCUPATION, FARM OPERATIONS, ETC.

BINGHAMTON

The new building for women patients which the Board of Managers by resolution has named "Wagner Hall," was opened on June 16, when 40 women were transferred from the farm cottage known as "Morningside," heretofore occupied by women, to make room for men patients in that cottage. Wagner Hall was completely occupied by patients later in the month by transfers from the metropolitan district, which will be referred to elsewhere.

The contractor who is erecting the addition to the laundry, for which appropriation was obtained a year ago, has completed the foundations and is now ready for the brick work. Estimates have been approved for remodeling the farm cottage "Morningside" to adapt it as a residence for male patients. The hospital engineers are at work on extensive repairs to the main steam line where renewals are urgently needed.

BROOKLYN

Work on the new buildings is progressing. The reception building is expected to be ready for occupancy in October or November. The building for the chronic cases will be finished about the 1st of January. Bids have been obtained on the additional power plant for the hospital. The City Charities Department is removing the bodies from the old Potter's Field. A new bread room, with concrete floor, is being placed in the old storehouse. The old boiler house is being removed. Plans have been completed for the renovation of a number of cottages at Creedmoor, and we expect to begin work there in the early part of July.

Dances are held weekly and moving pictures are given for the benefit of the patients as often as possible. In the occupation class an average of 60 patients is kept busy and interested.

BUFFALO

There are no unusual hospital features or items relating to construction or administration to chronicle during the period from April 1 to June 30, 1917. The farm and garden operations have been somewhat extended, new acreage being put under cultivation in order to increase the food supply because of war conditions.

CENTRAL ISLIP

Weekly dances, moving pictures, and Sunday evening concerts for the patients have been held as usual.

Work has again been resumed by the contractor on deep well No. 2 at the South Colony power plant.

Considerable painting has been done both interior and exterior throughout the various groups.

A composition flooring has been placed in the hospital dining room of group I, ward 3. This has been put in as a matter of experiment for trial.

On May 30, Decoration Day, the usual field day sports were held for the patients, on the athletic field.

GOWANDA

Several hundred feet of cement drain tile was made at the hospital during the past winter and this was used in the spring to drain the field south of the main buildings. Five hundred and sixty-three feet of the 10-inch tile was laid in one open ditch, which was then covered to facilitate cultivation.

About four acres of land near the hennerly was enclosed with wire fence, affording a range for poultry. Several acres near the piggery were enclosed as a range for the swine. Better stock and greater profit has resulted from the extensive use of forage crops.

The acreage under cultivation has been increased, special attention being given to potatoes, corn and garden vegetables.

HUDSON RIVER

In commemoration of the long and distinguished service of Dr. Pilgrim to this hospital, the Board of Managers by resolution, at the suggestion of the superintendent, changed the name of the Reception Hospital to "Pilgrim Hall" on June 16, 1917.

The construction of a large porch for cottage 3, has begun. The cottages when constructed 25 years ago had narrow porches which for several years have been greatly in need of renewal. The finances this year permitted the erection of one at cottage 3 which will be a useful adjunct in the care of the feeble patients in that cottage.

Fire escapes have been added to the rear of Pilgrim Hall.

KINGS PARK

The additions to groups 2 and 3 have been completed, with the exception of the linoleum for the floors which has caused considerable trouble by loosening from the floors, and has prevented us from occupying the buildings. Nearly all the equipment has been received for the buildings, and the buildings otherwise are ready to be opened.

The work of repairing the first floors of the eight women's cottages is nearly completed. An appropriation of \$5,000 was made by the

Legislature of 1917, for repairs to the second floors of the women's cottages, and an estimate has been submitted to the State Hospital Commission and allowed, and work is under way.

The work of constructing a new employees' home is under way and about two-thirds of the basement walls are up.

The improvement work about the institution, grading, mowing of the lawns, etc., has been discontinued this season as much as is possible to do so, and the additional employees and patients, made available through the limitation of improvement work, are being used for intensive gardening and for tilling additional land which has been put into garden crops. In previous years we have planted the most of the garden crops about three feet apart. This year they are being planted from sixteen inches to eighteen inches apart and cultivated by hand instead of by teams as in former years.

At cottage 20 about three and one-half acres of lawn and the grove have been spaded and made into a garden, which is being cared for, in part, by the patients of the women's cottages. Between building D and group 1 about one and one-half acres of lawn has been converted into a garden, which is being tilled by the men ward workers of wards 47 and 49. The lawns at group 3 are being used for potatoes, and the lawns at group 4 for potatoes and garden crops.

From twenty to twenty-five acres more land are in farm and garden crops than last year, and through the intensive gardening and the increase in acreage we hope to increase the products of the farm and garden by at least one-third. The weather of late has been very favorable for farming on Long Island, as there has been an abundance of rain, and the condition of the crops now would indicate that there would be a decided increase over the food supplies of last year from the farm and garden this year.

There is nothing new in the occupational department. We sent an exhibit for the annual meeting of the American Medico-Psychological Association, held in New York City on May 29, 1917. The exhibit consisted of a series of articles showing improvement in the mental condition of each patient while in the occupational classes. Each series was accompanied by an abstract of the case.

MANHATTAN

Mabon Hall, recently completed was opened May 21, 1917, as a reception service for male recent admissions.

Keaner Hall for women patients has been completed but has not yet been occupied.

Intensive work is being done this season on the farm and in the gardens. Even the flower beds have been utilized for the raising of vegetables. We have reason to believe that the results will be very satisfactory.

ROCHESTER

A start has been made on additions to Livingston Building for the accommodation of 36 more men patients. The replacing of 4 inch water mains by 8 inch mains is well under way. This water supply goes to the barns and other out-buildings which will make for better fire protection.

ST. LAWRENCE

Seventy additional acres are now under cultivation on the farm; 20 acres of this are garden products, 10 acres formerly lawns have been broken up and 5 acres planted with potatoes and 5 with beans. The remaining 40 acres will give increased acreage of oats and buckwheat.

Many of the outside buildings have been painted.

New locks have been provided for Flower Building.

Two hundred additional window screens have been installed in various parts of the institution.

UTICA

Early in May ventilators were constructed and installed in the sorting room of the laundry, making a most desirable improvement. Further than this no new construction has taken place.

Farm operations have been pushed vigorously, but on account of the abnormal precipitation, planting has been greatly retarded. In several instances it has been necessary to replot and reseed considerable acreages of ground.

The usual weekly dances, motion pictures and other entertainments have been well attended; in fact, at the present time the accommodations in the amusement hall are inadequate and we are unable to accommodate the entire number of patients who are able to enjoy these particular hospital diversions.

On May 17 there were added to this hospital by transfer from Manhattan State Hospital, 50 patients.

On June 29, the graduation exercises of the State hospital training school were held in the amusement hall of the hospital. Addresses were made by Rev. Octavius Applegate, Rev. E. H. Coley and Hon. George E. Dunham, president of the Board of Managers. Diplomas were given to twelve women and one man. The superintendent reports that the average standing of this class was unusually high.

The hospital water supply is becoming rather a serious matter. The territory adjacent to the source from which the water is obtained is becoming very thickly populated by a foreign element from the city, and the number of recently completed shacks and dwellings constructed by them without any special sanitary provisions, renders the ground in the vicinity of the springs susceptible to contamination; and it is only a question of a very short time before some radical change must be made in the hospital water supply.

WILLARD

The erection of fire escapes at the center buildings of the various groups where officers and employees are quartered, and also at the employees' home has been completed. The erection of standpipes for fire protection on the wards at The Maples, Sunnycroft, The Pines, Edgemere and Hermitage is also completed.

NOTEWORTHY OCCURRENCES

BINGHAMTON

On April 12, 60 men patients were received by transfer from the Manhattan State Hospital, and on June 19, 100 women and 54 men were received from the same place; on June 26, 50 women were received from the Kings Park State Hospital, and on June 27, 100 women were received from the Central Islip State Hospital. This makes the population of the hospital the largest in its history (2,830). The women patients received by transfer are domiciled in Wagner Hall.

On April 25, a public meeting in the interests of the mental hygiene clinic connected with the hospital, was held in the public library, Binghamton. This meeting was addressed by Mr. Geo. A. Hastings, of the State Charities Aid Association, the superintendent of the hospital, Dr. Charles G. Wagner, and others. The mental clinic above referred to was opened at the Rest Room of the Child Welfare Association, No. 9 Court street, Binghamton, on May 7, 1917. This clinic is held each Monday afternoon from 2 to 4 o'clock, at the same place, and a large number of patients have availed themselves of the clinic, thus demonstrating its urgent need.

On May 15, the Binghamton Academy of Medicine held a meeting at the hospital, at which members of the hospital staff read papers and presented cases illustrating certain psychoses. Pine Camp was opened for the summer on June 5, with 30 women patients at the camp.

The State Hospital Commission made an inspection of the hospital from June 11 to 14. The graduation exercises of the school of nursing were held in the assembly hall on the evening of June 20. The class was addressed by Mr. Everett S. Elwood, secretary of the State Hospital Commission.

BROOKLYN

One man patient attempted suicide by trying to jump in front of a motor truck. Also a woman tried to commit suicide by tying a sheet around her neck.

Ten articles made by patients were sent to the exhibit of the American Medico-Psychological Association held at the Hotel Astor during the first week of June.

The State Hospital Commission made its spring visit to the hospital in May.

BUFFALO

Dr. Joseph B. Betts, pathologist and senior assistant physician, has enlisted as pathologist in the Buffalo Base Hospital Unit of the Red Cross. Dr. Herman F. May, senior assistant physician, has also enlisted as neurologist in the same unit. About 25 in all of the male employees, nurses and attendants, have either enlisted and are serving or are ready to go when called.

CENTRAL ISLIP

On May 18, the semi-annual meeting of the Suffolk County Medical Society was held at the hospital. This was one of the most largely attended meetings in the history of the Society. Papers were read by various members of the hospital staff.

A branch of the Red Cross Society has been organized at the hospital; considerable interest has been manifested in this organization, numerous meetings have been held, and on the evening of the 7th of June, "The Man from Mexico" was presented in the amusement hall, by the Kings Park Dramatic Society, as an aid to securing funds.

On June 12, an entertainment was given by the Woodmen of the World for the benefit of the patients.

On the evening of June 19, the Red Cross Society gave an entertainment at the amusement hall and an address was delivered by the Hon. Job Hedges.

On June 27, the nurses graduating exercises, Class of 1917, were held in the amusement hall, followed by a dance in the evening. The graduates numbered 16, 8 men and 8 women.

GOWANDA

On June 27, a fire in the garage destroyed the building and three cars owned by officers of the institution.

HUDSON RIVER

It is a great pleasure for me to record the splendid efforts of four women employees in rescuing a patient from the lake on the grounds near the cottages. A chronic female patient, who for years has shown no excitement, suddenly broke out a window destroying the sash and ran to the lake, closely followed by two attendants. They were joined by two others who were off duty and proceeding to the city, and soon all five were struggling in the water, their efforts being greatly hampered by the soft silt on the bottom. At great personal risk they prevented the patient from drowning herself and with male assistance removed her from the water.

The superintendent has recommended that the State Hospital Commission award gold medals to Margaret V. Donnelly, Mae E. Donnelly, Corrine B. Smith and Lillian Younggan for the heroic conduct shown in this instance.

KINGS PARK

On June 12, 1917, D. J., identification number 82332, an epileptic patient in cottage 19, broke a pane of glass on the second floor of the cottage, squeezed herself through the same and fell to the ground, sustaining a Colles' fracture of both wrists and lacerations of the face and neck.

On June 21, 1917, R. L., identification number 88480, a patient on Ward 41, while sitting on the veranda, suddenly jumped over the railing and sustained a fracture of the tibia and fibula of the right leg in its lower third.

On June 23, 1917, E. B., identification number 13978, a senile patient on ward 53, suddenly left her bed, slipped to the floor and sustained a Colles' fracture of the left wrist.

On June 12, 1917, Louis Glasner, a carpenter in the employ of the hospital, while working with a circular saw, accidentally cut the index finger of the right hand quite deeply.

On June 27, 1917, William Giese, a painter employed on special fund work, while sliding off a scaffold to the ground, sustained a fracture of the internal condyle of the right knee, dislocation of the patella backward, and swelling and œdema of the structures about the knee joint.

Fourteen escapes of patients are recorded as having occurred during the quarter. Of these 1 was returned prior to the expiration of thirty days; 4 were returned prior to the expiration of six months parole; 9 are still out on six months parole.

On June 26, 1917, 50 female patients were transferred, by order of the State Hospital Commission, to the Binghamton State Hospital.

A meeting of the citizens of Nassau County was held at the Court House on the evening of June 26, 1917, at which Mr. George A. Hastings, Executive Secretary of the Committee on Mental Hygiene, of the State Charities Aid Association, Dr. A. J. Rosanoff and Dr. William C. Garvin of this hospital, read papers outlining the object and scope of the Mental Hygiene and After-Care Clinic to be established at the Nassau Hospital, at Mineola, on July 2, 1917.

A Red Cross Auxillary was organized by the officers and employees of the hospital, and through donations and entertainments about \$700 has been raised.

The officers and employees of this hospital subscribed for the Liberty Loan Bonds to the extent of approximately \$10,000.

MANHATTAN

Ten fractures of bones occurred during this quarter.

A male patient escaped from the grounds and swam across the East River to the city. We received a letter from him from Philadelphia, but he has failed to return to the hospital.

A male patient working on the grounds escaped from the Island in

a motor boat and went to the home of his relatives. An attendant was sent to the city and brought him back to the hospital.

A male patient attempted to escape but was injured about the head and returned to his ward.

A male patient attempted to escape by wrenching off the window guard but was found on the grounds.

On April 20, the officials were surprised to find a case of typhoid fever in the division for women. The afflicted patient came from one of the pavilions known as ward 34. Soon afterwards another case appeared, and in all there have been 46 cases. All the buildings involved are known as first annex (containing 3 wards, 28, 29 and 30), and second, a group of pavilions known as wards 31, 32, 33 and 34. The outbreak of this trouble has been confined to these wards. Upon request of the hospital authorities the Municipal Department of Health responded promptly and gave valuable aid, in sending over medical and lay inspectors and the head of their Department of Epidemiology. Effort was made to locate the source of the trouble, but so far without definite result. As the cases developed they were transferred to the isolation camp known as Camp E, having a capacity of about 30. As new cases developed and this camp was fully occupied, it was necessary to open a similar camp, frame building, known as Camp C. The milder and convalescent cases were sent to Camp C. We also had representatives from the State Department of Health. The City Department of Health loaned us 4 of their trained nurses who assisted in taking the temperatures in these various wards during the acuteness of the attack. By this system the cases which developed were more clearly and promptly identified. Patients showing rise of temperature were immediately placed in an isolation room of ward 28, and there observed until it was decided they should go to Camp E. These patients have all been immunized with typhoid vaccine, except those cases where it was contra-indicated because of serious physical disease. Recently all female patients continued to receive vaccine on the reception service. Their stools have been examined and in case any of these proved to be positive they were immediately separated from the others. All patients and a great majority of the employees in the hospital have been immunized. At the present date, June 30, we have reason to believe that the disease is under control. Patients in Camp C who have convalesced, having no temperature and negative stools have been returned to their respective wards. Owing to difficulties in obtaining attendants and nurses and having a large number of vacancies on the nursing staff, the Commission authorized the employment of 8 registered nurses to care for Camp E and Camp C. We were fortunate in obtaining 8 graduates of our own training school who had taken up private work in the city.

Six of the 46 cases died.

The epidemic was confined entirely to the women's division no cases having occurred among the men.

MIDDLETOWN

The out-patient clinic established at Newburgh, N. Y., June 1, 1917, was preceded by a public meeting held on the evening of May 31.

ST. LAWRENCE

April 4, a transfer of 70 women patients was received from Central Islip State Hospital, and 31 men patients from the Manhattan State Hospital.

May 13 and 14, Dr. Frankwood E. Williams, Deputy Medical Director of the National Committee for Mental Hygiene visited the hospital.

May 17, Dr. Locke and 27 students comprising the senior class of Syracuse University Medical Department, visited the hospital. On the 17th and 18th, lectures were given by members of the staff and the lectures were demonstrated by clinics and cases. The students were taken through the hospital wards and the various forms of treatment demonstrated. In addition to this, demonstrations were held in the pathological and bacteriological laboratories.

The practical examination in psychiatry was held at the hospital and each student was given a case for summary and diagnosis.

On May 17, the students of the domestic science course at the St. Lawrence University visited the hospital to observe the serving of regular food and special diet, in the large kitchens and the special diet kitchens of the hospital.

May 29, at the exhibition of occupational work at the meeting of the American Medico-Psychological Association in New York, this hospital was awarded a first-class certificate for exhibit in Group 1, showing progress made by individual patients.

UTICA

During the month of April, several cases of measles developed among the employees, and on June 8 one of the recent transfers to this hospital was found to be suffering from typhoid fever. These cases were promptly isolated, and as there have been no recurrences we feel that a threatened epidemic has been checked.

On the morning of April 11, at 6 o'clock, a man patient was found dead in bed with a pocket handkerchief tied tightly about his neck. The case was reported to the coroner, who rendered his verdict in accordance with the facts.

On April 10, the Oneida County Medical Society held its monthly meeting at the hospital. A clinic was held by the members of the staff and the various types of psychoses were demonstrated. During the same month several clinics were given by Dr. Locke, professor of mental and nervous diseases at the University of Syracuse, assisted by members of this staff, to the senior class of the University Medical College.

WILLARD

Two transfers of patients from the metropolitan district have been received. On April 11, 35 women were admitted from Central Islip State Hospital. On April 24, 65 men and 1 woman were admitted from the Manhattan State Hospital.

The Willard State Hospital Committee on Mental Hygiene and After-Care met at the hospital on May 4.

INDIVIDUAL ITEMS

BROOKLYN

Mrs. Agnes Dorman Druhan was appointed to the Board of Managers to fill the unexpired term of Mrs. Penelope Bond Lee; Mr. Edwin H. Thatcher was appointed to fill the place made vacant by the expiration of the term of office of Mr. Henry R. Chittick.

CENTRAL ISLIP

Dr. M. B. Heyman, medical inspector, visited the hospital on May 24.

Dr. George H. Kirby, medical inspector, visited the hospital on June 28 and 29.

HUDSON RIVER

Miss Vance, Dr. John C. Otis and the Rev. Alexander G. Cummings, State Charities Aid Visitors, made an official visit to the hospital early in June.

KINGS PARK

Dr. Harriet F. Coffin, assistant physician, was granted a three months leave of absence from June 1, 1917, on account of the illness of her mother.

Dr. Harry A. Steckel, assistant physician, reported for duty as first lieutenant, medical reserve corps, at Fort Benjamin Harrison, Indiana, June 16, 1917, on the order of the War Department.

Hon. Andrew D. Morgon and Hon. Frederick A. Higgins, State Hospital Commissioners, with the assistant secretary and the medical inspector arrived at the hospital on a tour of inspection on May 25, 1917.

MANHATTAN

Dr. Marcus B. Heyman, formerly assistant superintendent at Central Islip State Hospital, more recently medical inspector, was appointed superintendent and assumed duty June 1, 1917.

Dr. Francis E. Weatherby left the hospital on extended leave of absence to take service as first lieutenant of the medical reserve corps of the army.

Dr. George P. Carr resigned May 22, for service in the navy.

Dr. Robert F. Zeiss, resigned June 28, also for service in the navy.

Dr. E. M. Poate, who has been seriously ill for the past three months in the New York Hospital, returned to his quarters at this institution, and having improved somewhat, resumed duty on the reception service.

MIDDLETOWN

Mrs. Paul Tuckerman of Tuxedo Park, N. Y., was appointed a member of the Board of Managers to succeed Mrs. Henry L. Langhaar, whose term of office expired December 31, 1916.

Dr. Arthur S. Moore, senior assistant physician, applied for admission to the Medical Officers Reserve Corps, United States Army, April 9, satisfactorily passed his examinations May 1, and was commissioned a Captain in the Medical Section, Officers' Reserve Corps, United States Army, May 19, 1917. Permission for him to accept service has been granted by the Governor of New York State.

Dr. Walter S. Schmitz, assistant physician, and Miss Mary M. Norris, R. N., matron, announced their marriage in June, 1917.

ST. LAWRENCE

Dr. Jay E. Meeker, member of the first ambulance company, National Guard, State of New York, was ordered to Fort Benjamin William Harrison, Indiana, June 22.

Dr. Harry J. Worthing, was married to Miss Margaret G. Fletcher at Norwood, N. Y., on June 23.

HABEAS CORPUS CASES

BINGHAMTON

A writ of habeas corpus was obtained by a patient F. T. S., on three occasions during the past quarter, returnable April 3, April 25 and June 5, respectively. On all three occasions after the hearing the writ was dismissed and the patient remanded by the Judge to the hospital for further care and treatment.

MANHATTAN

A female patient was taken to court on a writ of habeas corpus but the writ was withdrawn on consent of attorney for relator and patient returned to the hospital.

UTICA

On June 21, a writ of habeas corpus was served on the superintendent in the case of J. O. by Judge F. Hazard of the County Court. This was returnable on June 23. At the hearing the patient was remanded to the custody of the hospital.

CHANGES IN THE PERSONNEL OF THE MEDICAL SERVICE

- Boulden, Dr. George A. P., appointed assistant physician in Manhattan State Hospital, April 2, 1917.
- Bowman, Dr. Mary R., assistant physician in Kings Park State Hospital, resigned on account of health, April 30, 1917.
- Brush, Dr. Charles G., of Mamaroneck, N. Y., appointed medical interne in Kings Park State Hospital, May 16, 1917.
- Carr, Dr. George P., medical interne in Manhattan State Hospital, resigned May 22, 1917.
- Chandler, Dr. Henry M., appointed assistant physician in Manhattan State Hospital, April 1, 1917.
- Cooley, Dr. Raymond L., assistant physician in Buffalo State Hospital, resigned May 31, 1917.
- Heyman, Dr. Marcus B., assistant superintendent of Central Islip State Hospital, appointed medical inspector by the State Hospital Commission, May 1, 1917; resigned June 1, 1917, to accept position of superintendent of Manhattan State Hospital.
- Kenyon, Dr. Howard M., appointed medical interne in Binghamton State Hospital, July 1, 1917.
- Meeker, Dr. Jay E., of St. Lawrence State Hospital, left for military duty June 22, 1917.
- Richards, Dr. John S., assistant physician in Manhattan State Hospital, resigned June 19, 1917.
- Ryon, Dr. Walter G., medical inspector of the State Hospital Commission, appointed medical superintendent of Hudson River State Hospital, May 1, 1917.
- Stillger, Dr. Walter F., appointed medical interne Manhattan State Hospital, May 25, 1917.
- Zeiss, Dr. Robert F., medical interne in Manhattan State Hospital, resigned June 22, 1917.

BIBLIOGRAPHY OF OFFICERS IN THE STATE HOSPITAL SERVICE

BINGHAMTON

CHARLES G. WAGNER, M. D., superintendent.

"The Care of the Feeble-Minded and their Relations to the Insane." Read at the semi-annual meeting of the Broome County Medical Society, Binghamton, April 3, 1917.

"Mental Hygiene." An address delivered at a public meeting on mental hygiene, in the City Library, Binghamton, April 25, 1917.

"Recent Trends in Psychiatry." Presidential address delivered at the Seventy-third Annual Meeting of the American Medico-Psychological Association, held at the Hotel Astor, New York, May 29 to June 1, 1917.

THEO. I. TOWNSEND, M. D., first assistant physician.

"Alcohol and the Commonwealth." Read before the Civic Club of Binghamton, April 11, 1917.

"The Mental Hygiene Clinic." Read at the Binghamton Academy of Medicine, May 15, 1917.

EDWARD GILLESPIE, M. D., senior assistant physician.

"Mental Hygiene." Read before the Broome County Nurses Association, Binghamton, May 3, 1917.

CLARENCE L. BELLINGER, M. D., assistant physician.

"Dementia Præcox." Read before the Binghamton Academy of Medicine, May 15, 1917.

CHARLES E. ROWE, M. D., medical interne.

"Dementia Paralytica." Read before the Binghamton Academy of Medicine, May 15, 1917.

CARLETON T. BAGLEY, M. D., medical interne.

"Manic-Depressive Psychosis." Read before the Binghamton Academy of Medicine, May 15, 1917.

BROOKLYN

ISHAM G. HARRIS, M. D., superintendent.

"How the Insane Live." Address at Y. M. C. A., April 29, 1917.

CENTRAL ISLIP

Dr. H. G. GIBSON, M. D., senior assistant physician.

"How to Commit an Insane Patient." Read before the Suffolk County Medical Society, at the meeting held at Central Islip, on May 18.

Dr. D. D. DURGIN, M. D., assistant physician.

"Tuberculosis Clinic." Before the Suffolk County Medical Society at the meeting held at the hospital on the 18th of May.

Presentation of interesting cases committed from Suffolk County at above mentioned meeting, by Drs. Mills, Corcoran and Burns.

GOWANDA

C. A. POTTER, M. D., superintendent.

"Mental Preparedness." Paper read before "Clinical Club," Medical Society, Buffalo, New York.

KINGS PARK

A. J. ROSANOFF, M. D., first assistant physician.

"Psychological Problems at Large." Read before the American Medico-Psychological Association, held in New York City, on May 29, 1917.

"Possibilities of a Mental Clinic Suggested by the recent Nassau County Survey." Read before the National Conference of Charities and Correction, at Pittsburgh, Pennsylvania, on June 12, 1917.

"What Service Could a Nervous Clinic Render in Nassau County." Read at a public meeting at Mineola, New York, on June 25, 1917.

WILLIAM C. GARVIN, M. D., first assistant physician.

"Out-Patient Clinics in Connection with State Hospitals." Read at a public meeting held at the Court House, at Mineola, New York, on June 28, 1917.

MANHATTAN

WILLIAM A. MURPHY, M. D., assistant physician.

"Report on Sixteen Prolonged Cases of General Paralysis." Read before the Ward's Island Psychiatric Society, April, 1917.

CLARENCE O. CHENEY, M. D., assistant physician.

"Recent Formulations of the Problem of Epilepsy and its Treatment." Stated discussion of paper of Dr. L. Pierce Clark at Brooklyn Neurological Society, April 11, 1917.

"Autopsy Findings in Two Cases of Brain Tumor with Previous Decompression." Presented with lantern slides at the Ward's Island Psychiatric Society April 23, 1917, and at the section on Neurology and Psychiatry, New York Academy of Medicine, May 8, 1917.

MIDDLETOWN

MAURICE C. ASHLEY, M. D., superintendent.

"What the State is Doing for the Insane." Paper read at a public meeting in Newburgh, N. Y., May 31, 1917.

ROCHESTER

EVELINE P. BALLINTINE, woman physician.

"Present Trends in Mental Hygiene." Presidential address before Women's Medical Society of New York State, April 22, 1917.

St. LAWRENCE

P. G. TADDIKEN, M. D., first assistant physician.

"Facts in Reference to Insanity." Address before the Brotherhood Club of St. John's Episcopal Church, Ogdensburg, May 24, 1917.

"Etiological Factors in the Constitutional Psychoses." Before Ogdensburg Medical Society, June 5, 1917.

A. G. LANE, M. D., senior assistant physician.

"Significance of Trends." Before the St. Lawrence County Medical Society, Canton, May 1, 1917.

H. S. GREGORY, M. D., assistant physician—pathologist.

"Immunity—Use of Vaccines." Before the Ogdensburg Medical Society, April 17, 1917.

H. J. WORTHING, M. D., assistant physician.

"Paratyphoid Fever." Ogdensburg Medical Society, April 3, 1917.

"Medical Aspect of Military Service on the Texas Border." St. Lawrence County Medical Society, Canton, May 1, 1917.

SAMUEL W. HAUSMAN, M. D., medical interne.

"Hormones." Before the Ogdensburg Medical Society, May 15, 1917.

WILLARD

ROBERT M. ELLIOTT, M. D., superintendent.

"Remarks on Psychoanalysis." Before the Willard Committee on Mental Hygiene and After-Care, May 4.

STATE HOSPITAL COMMISSION

CHARLES W. PILGRIM, M. D., chairman.

"Memorial Notice of Death of Dr. Mabon." Given at meeting of American Medico-Psychological Association, May 29, 1917.

EVERETT S. ELWOOD, secretary.

"Fortifying the Child Against Mental Disorders." Address at meeting of American School Hygiene Association, June 9, 1917.

HORATIO M. POLLOCK, Ph. D., statistician.

"Decline of Alcohol as a Cause of Insanity." Article published in *Psychiatric Bulletin*, April, 1917.

"Census of Insane, Feeble-Minded, Epileptics, Inebriates and Drug Addicts in Institutions in the United States." Article written in collaboration with Miss Edith M. Furbush and published in *Mental Hygiene*, July, 1917.

"New York's Great Hospital System." Article published in *State Service*, August, 1917.

SCHEDULE OF OUT-PATIENT CLINICS HELD BY
MEMBERS OF THE STAFFS OF THE STATE
HOSPITALS FOR THE INSANE EFFEC-
TIVE JUNE 30, 1917

Binghamton State Hospital:

At Hospital daily at 10 A. M., and by appointment.

Binghamton; Child Welfare Association Rooms, 9 Court Street,
Mondays, 2 to 4 P. M.

Brooklyn State Hospital:

At Hospital, Fridays, 2 P. M.

Brooklyn; Polhemus Memorial Clinic, Long Island College Hos-
pital, Fridays, 2 P. M.

Brooklyn; Williamsburgh General Hospital, Saturdays, 10 A. M.

Buffalo State Hospital:

At Hospital week days, 10 A. M. to 5 P. M.; Sundays, for report of
patients on parole only.

Central Islip State Hospital:

Cornell Clinic, 27th Street and First Avenue, Thursdays, 2 to
4 P. M., 6 to 8 P. M.

Gowanda State Hospital:

Buffalo; Dr. R. M. Schley's office, 267 Elmwood Avenue, first
Thursday of each month, 10.30 A. M. to 12 M.

Dunkirk; Brooks Memorial Hospital, second Wednesday of each
month, 1 to 4.30 P. M.

Jamestown; W. C. A. Hospital, third Wednesday of each month,
1 to 3.30 P. M.

Olean; Higgins Memorial Hospital, fourth Wednesday of each
month, 2 to 5 P. M.

Salamanca; Salamanca Hospital, fourth Thursday of each month,
1 to 4.30 P. M.

Hudson River State Hospital:

Poughkeepsie; Board of Health Rooms, Mondays, 7 P. M.

Peekskill; Child Welfare Station, first Friday of each month,
3.30 P. M.

Mount Vernon; Mount Vernon Hospital, second Wednesday of
each month, 2 P. M.

Yonkers; St. Joseph's Hospital, Thursdays, 3.30 P. M.

Kings Park State Hospital:

Brooklyn; Williamsburg General Hospital, Saturdays, 10 A. M.
to 12 M.

Mineola, L. I.; Nassau Hospital each Monday, 1.15 to 3.15 P. M.

Manhattan State Hospital:

New York City; Cornell Clinic, Tuesdays, 10.30 A. M.

Middletown State Hospital:

At Hospital Tuesdays, 2 to 4 P. M.

Kingston; County Building, 74 John Street, third Friday of each month, 10 A. M. to 12 M. and 1 to 4 P. M.

Newburgh; Nurses' Home, St. Luke's Hospital, first Friday of each month, 1 to 4 P. M.

Rochester:

At Hospital daily.

St. Lawrence State Hospital:

At Hospital, Saturdays, 9 A. M. to 12 M.

Malone; Alice Hyde Memorial Hospital, one day every five or six weeks.

Watertown; City Hospital, one day every five or six weeks.

St. Joachim's Hospital, one day every five or six weeks.

Announcement of the holding of clinics both in Malone and Watertown is made in the papers of the counties some days before the date of the clinic. In addition to this patients on parole are notified by letter to report, and appointments for definite hours are made with cases who are under treatment at the clinic or who are referred to the clinic by physicians. Parole patients report from 9 to 10 in the morning of each day and the afternoons and evenings are arranged for the appointments.

Utica State Hospital:

At Hospital daily except Sunday, 9 A. M. to 4.30 P. M.

Willard State Hospital:

At Hospital daily from 10 A. M. to 5 P. M.

GENERAL STATISTICAL INFORMATION RELATING TO THE INSANE AND THE MANAGEMENT OF THE STATE HOSPITALS

CENSUS OF JULY 1, 1917

1. Patient population:

State hospitals:

In hospitals, excluding paroles.....	34,798	
On parole.....	1,559	
		<hr/> 36,357
Institutions for criminal insane.....		1,433
Private licensed institutions.....		975
		<hr/>
Total.....		38,765
Average daily population of State hos- pitals since July 1, 1916.....		35,728
Average daily number on parole since July 1, 1916.....		1,496

2. Capacity and overcrowding:

Capacity of civil State hospitals	27,890
Overcrowding, excluding paroles:	
Number	6,908
Per cent.....	24.7

3. Medical service in civil State hospitals:

Superintendents	13
First assistant physicians.....	15
Senior assistant physicians.....	57
Assistant physicians.....	53
Women physicians.....	18
Medical internes.....	24
	<hr/>
Total.....	180

Ratio of physicians to patients:

Including superintendents and internes.....	1 to 202
Excluding superintendents.....	1 to 218
Excluding superintendents and internes	1 to 254

4. Employees:

Average number of employees in civil State hospitals, during June, 1917.....	6,015
Ratio of employees to patients.....	6.04

**SUMMARY OF OPERATIONS OF BUREAU OF DEPORTATION QUARTER
ENDING JUNE 30, 1917**

	Total	April	May	June
Aliens deported to other countries:				
U. S. Immigration service .....	..	..	..	..
Expense of State.....	..	..	..	..
Expense of friends.....	1	1	..	..
Total.....	1	1	..	..
Non-residents returned to other States:				
Expense of State.....	66	25	15	26
Expense of friends.....	40	16	16	8
Total.....	106	41	31	34
Total aliens deported and non-residents re- turned	107	42	31	34

MOVEMENT OF PATIENTS IN THE STATE HOSPITALS DURING THE THREE MONTHS ENDING JUNE 30, 1917, AS
REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING ON JUNE 30, 1917

HOSPITAL	Census April 1, 1917	ADMISSIONS				DISCHARGES								OVER-CROWDING			
		First Admissions	Re-admissions	Transfers	Total	Recovered	Much Improved	Improved	Unimproved	Not Insane	Died	Transferred	Total Discharged	Census June 30, 1917	Certified Capacity	Number	Per cent
Binghamton.....	2,486	65	19	366	450	25	9	15	7	1	53	8	121	2,815	2,110	636	30.1
Brooklyn.....	912	136	18	6	160	34	14	17	8	1	76	33	182	890	637	227	35.6
Buffalo.....	2,286	77	23	..	100	44	13	9	5	..	51	1	124	2,262	1,704	467	27.4
Central Islip.....	5,311	372	92	29	493	134	73	48	19	3	136	292	705	5,099	4,017	797	19.8
Gowanda.....	1,283	97	21	..	118	37	5	13	4	..	30	..	89	1,312	988	289	29.0
Hudson River.....	3,458	143	45	31	219	43	23	13	6	6	81	4	178	3,499	2,800	609	21.8
Kings Park.....	4,513	243	73	15	331	20	14	5	6	..	101	60	206	1,638	3,397	976	28.7
Manhattan.....	5,476	499	103	40	642	62	30	33	25	4	192	492	789	5,329	3,699	1,305	35.3
Middletown.....	2,198	51	28	105	184	21	9	2	1	..	40	2	75	2,307	1,985	250	12.6
Rochester.....	1,708	102	27	4	133	27	16	12	7	..	47	1	110	1,731	1,298	329	25.3
St. Lawrence.....	2,195	75	26	102	293	23	13	11	5	2	38	3	95	2,303	1,848	404	21.9
Utica.....	1,714	87	18	54	159	17	5	21	2	3	46	4	98	1,775	1,382	249	21.0
Willard.....	2,342	50	19	101	170	19	8	10	3	1	70	4	115	2,397	2,015	330	16.4
Total.....	35,882	1,997	512	853	3,362	506	232	299	101	24	961	854	2,887	36,357	27,890	6,908	24.7

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